

Name
in
Full

Jrene Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagers town</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>17</i>	Age <i>3</i>	Months <i>7</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>James Baker</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Emma Knight</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>James Baker</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>2 weeks</i>
Immediate <i>Menigitis</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. J. Johnson</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	

Mariah Funnell
Franklin. Geo
Pa

Name
in
Full

Mrs Prudence L. Blair

CERTIFICATE OF DEATH

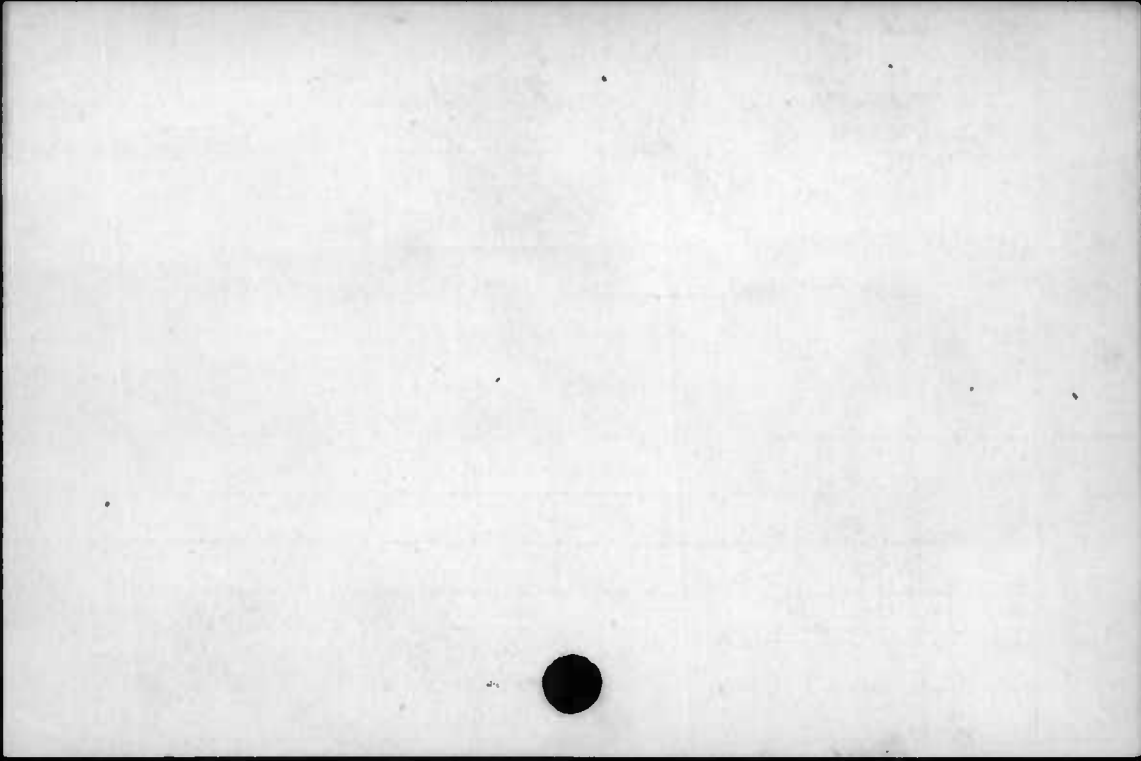
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Strocks Farm</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Mar</i>	Day	<i>22</i>	Age	<i>58</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Downtown Md</i>		Months <i>5</i> Days <i>28</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Andrew Blair Sr.</i>					
Father's Name <i>John Thomas</i>		Father's Birthplace <i>Montgomery Co Md</i>					
Mother's Maiden Name <i>Catharine Rager</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>Martha Metz</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Exophthalmia Gravis</i>	How long	<i>5 years</i>
Immediate	<i>Hemorrhage</i>	How long	<i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Wirtz</i>	
		Address <i>Hillman's point Md.</i>	
Accident or Suicide?			



Name
in
Full

Samuel C. Brewer

CERTIFICATE OF DEATH

Town

County

Died at Hagerstown

Wash

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

3

20

Age

62

11

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

Hotel Clerk

Where Residing if not
at place of deathMarried, Single
or Widowed

widower

Name of Wife

Angelica Brewer

Father's
Name

J. A. R. Brewer

Father's
Birthplace

Md.

Mother's
Maiden Name

Leah Guyett

Mother's
Birthplace

"

Name of person giving
In formation

Lucy Brewer

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Val. disease of heart

(79)

How long

Some weeks

Immediate

Val. disease of heart

How long

Some weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

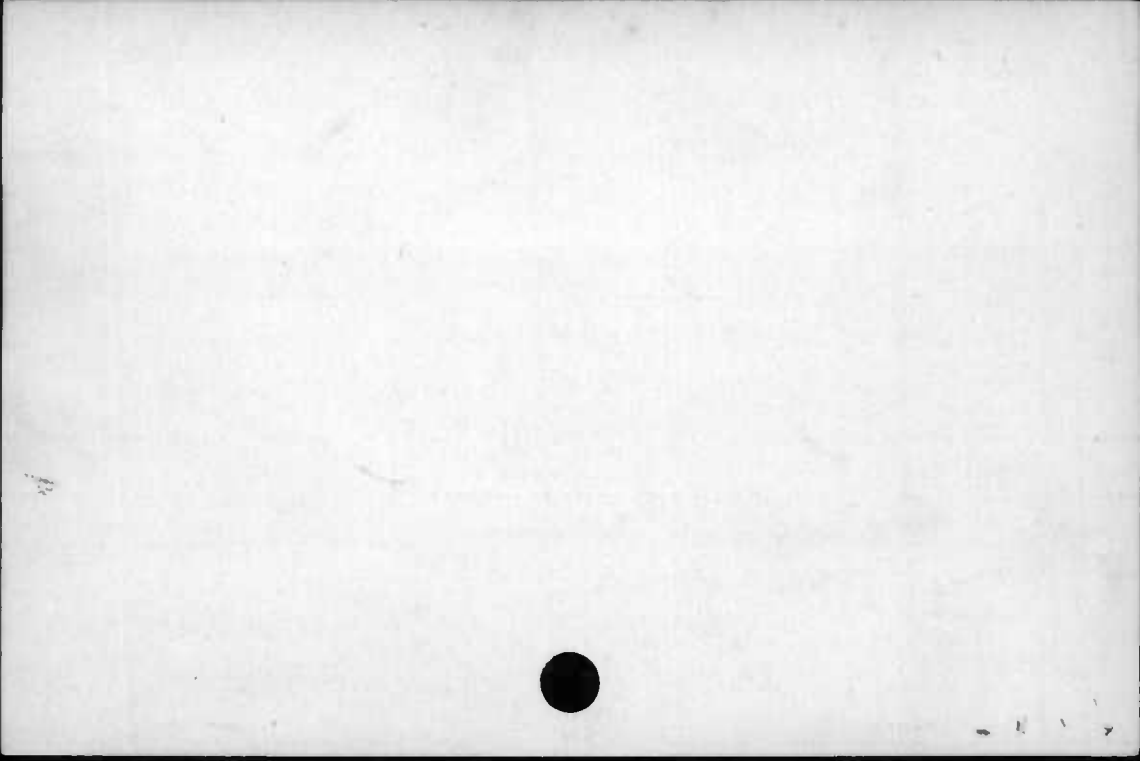
Signature of
Physician

Address

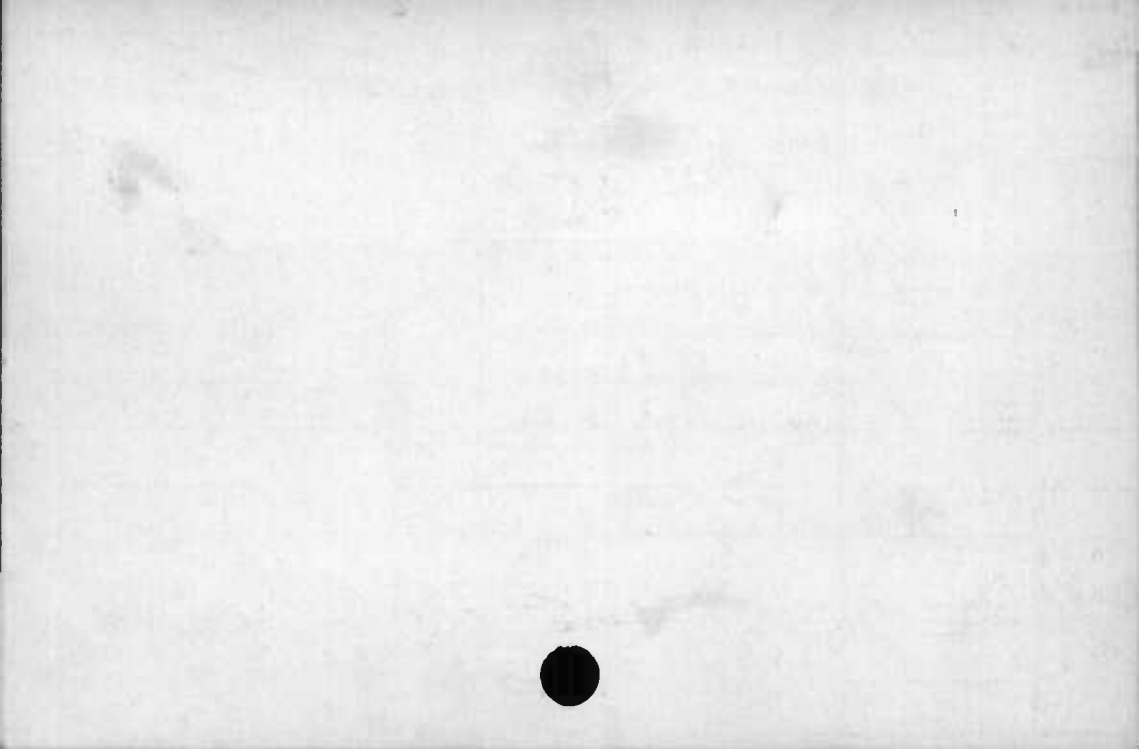
Chas. D. Doyle M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		No 292 CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Williamsport		County Washington		MARYLAND
	Date of death	1906	Month Mar.	Day 28	Age	Years 52	Months —
	Sex Male		Color or Race Colored		Birth-place Williamsport, Md.		
	Occupation Laborer			Where Residing if not at place of death —			
	Married, Single or Widowed Married		Name of Wife or Husband Annie Marie Stewart				
	Father's Name Wm H Henry - Brown				Father's Birthplace Don't know		
	Mother's Maiden Name Fannie Dornus				Mother's Birthplace " "		
	Name of person giving information Annie Marie Brown				How related to deceased Wife		
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	Catarrhal Pneumonia				How long	Three weeks
	Immediate	Prostration				How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes				Address Williamsport Md		
Accident or Suicide? —							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Born</i> <i>Hayestown</i> ^{Town}		<i>Brillhart</i> <i>Washington</i> ^{County}		MARYLAND	
Date of death	1906	Month	3	Day	22
Age		Years	-	Months	-
Sex	Male		Color or Race	White	
Occupation			Birth-place	Ind	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Charles Brillhart		
Mother's Maiden Name			Leva Manaham		
Name of person giving information			Charles Brillhart		
Father's Birthplace			Va		
Mother's Birthplace			Ind		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Rose Hile

Name
In
Full

Chas Brillhart Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>March</i>	Day <i>21</i>	Age <i>-</i>	Months <i>-</i>	Days <i>1</i>
Sex <i>Boy</i>	Color or Race <i>White</i>		Birthplace <i>Hag. Md</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Chas Brillhart, Sr.</i>			Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Lena Manna Ham</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>-</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congenital Heart Disease</i>	How long	<i>1 day</i>
Immediate	<i>asphyxia.</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor D. Miller</i>	
		Address <i>Hag. Md</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Mary Ann. Bowers No 290

CERTIFICATE OF DEATH

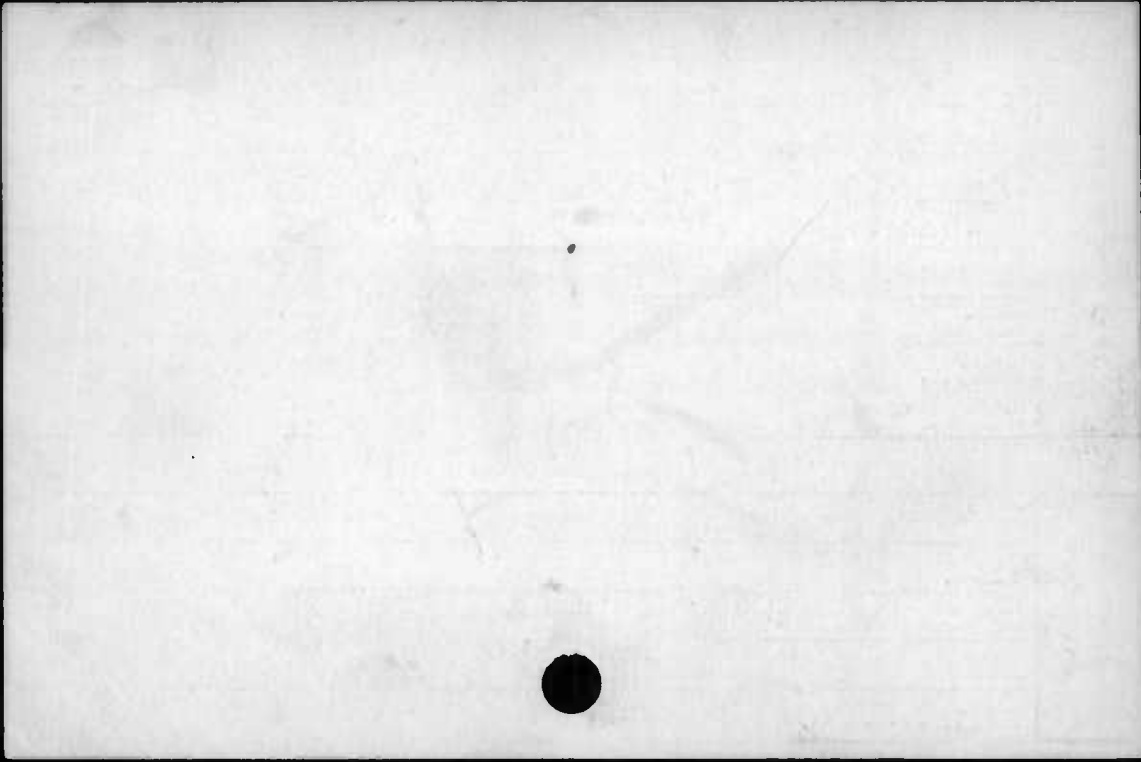
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Milliamport		County Washington		MARYLAND	
Date of death	1906	Month Mar.	Day 19	Age	Years 75	Months 1	Days
Sex	Female		Color or Race	white		Birth- place	Milliamport
Occupation	Housewife		Where Residing if not at place of death		Milliamport		
Married, Single or Widowed	widowed		Name of Wife or Husband		Moses L. Bowers		
Father's Name	Patrick Gallagher					Father's Birthplace	Ireland
Mother's Maiden Name	-					Mother's Birthplace	Ireland
Name of person giving information	Carrie Nicholson					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis & Arterio Sclerosis		How long	3 years
Immediate	Exhaustion		How long	Accumulated
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Irvin M. Hertz
			Address	Milliamport Md.
Accident or Suicide?				



Name
in
Full

Addie G. Clingan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hagerstown ^{County} Wash.

Date of death 1906 ^{Month} 3 ^{Day} 7 Age ^{Years} 32 ^{Months} 1 ^{Days} 1

Sex female Color or Race white Birth-place Md.

Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed married Name of ~~Widow~~ Husband Turner J. Clingan

Father's Name Thomas Delaney Father's Birthplace Md.

Mother's Maiden Name Julia Eckton Mother's Birthplace "

Name of person giving information T. J. Clingan How related to deceased husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Intra pelvic disease How long 5 years

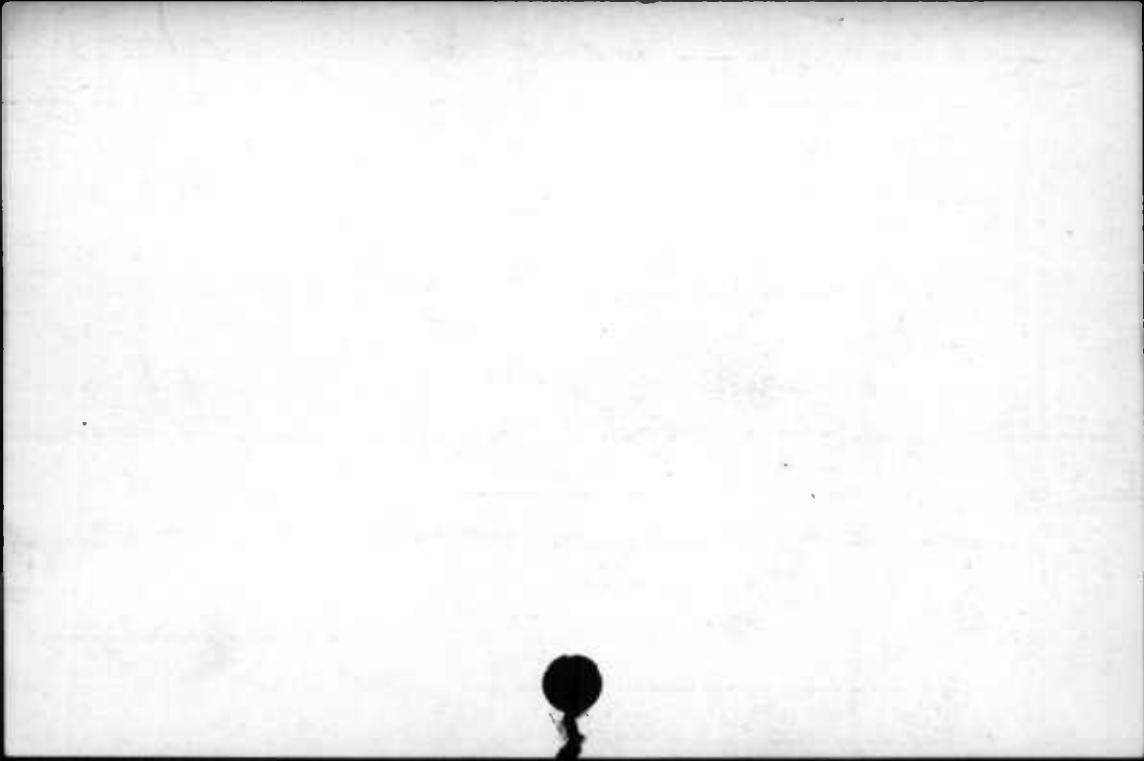
Immediate Exhaustion following operation How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician O. H. W. [Signature]

Address Hagerstown, Md.

Accident or Suicide?



Emma Marie. Corby 287

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport.		County Washington		MARYLAND	
Date of death	1906	Month March	Day 5	Age	Years 28	Months —	Days 15
Sex	Female		Color or Race	White		Birth-place	Williamsport, Md.
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	Single		Name of Wife or Husband _____				
Father's Name	Walter Corby				Father's Birthplace Hampshire, Md.		
Mother's Maiden Name	Lydia Sewely Martin				Mother's Birthplace " "		
Name of person giving information	Walter Corby				How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Trouble	How long	Since birth
Immediate	Heart failure	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		W. J. Richardson	
		Address	
		W. J. Richardson	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nora Louise Cunningham</i>		Town <i>Cearfoss</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
		<i>1906 3 7</i>		<i>1</i>		<i>2 2</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Preston Cunningham</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mollie Dulabon</i>		Mother's Birthplace <i>Pas.</i>					
Name of person giving information <i>Preston Cunningham</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inflammation of Brain</i>	How long	<i>(10)</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician <i>D.C.R. Miller</i>		Address <i>State Line</i>	
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

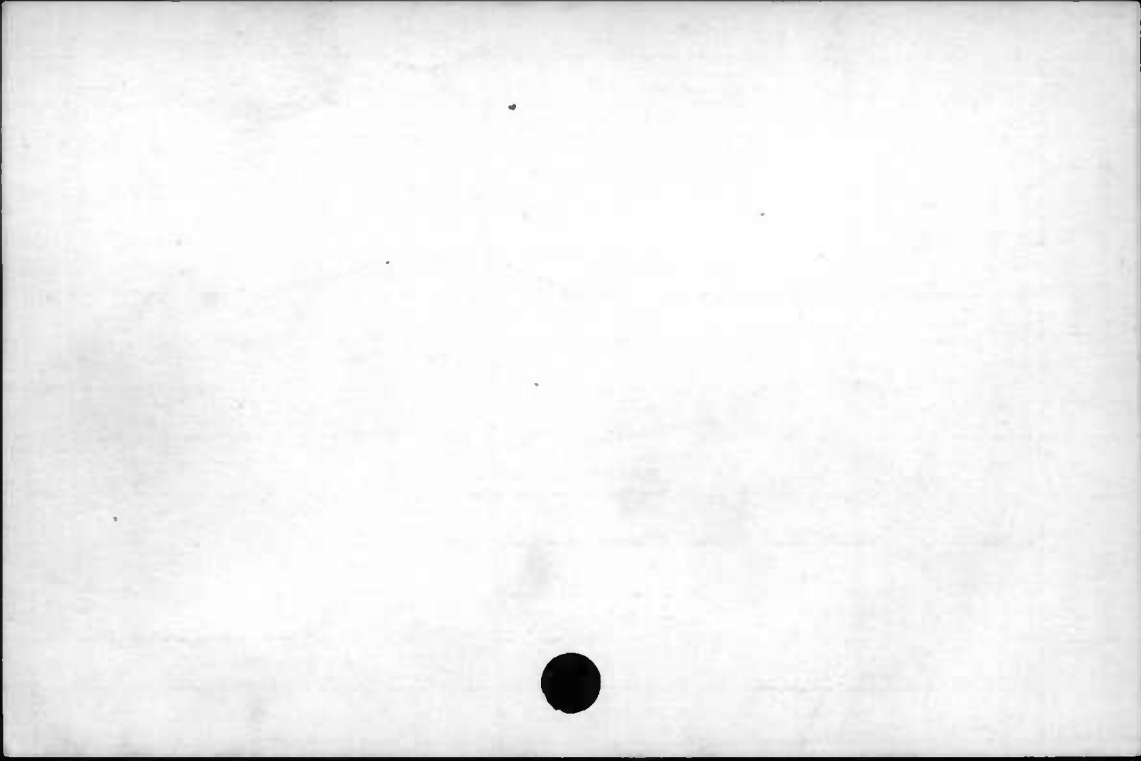
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Hagerstown</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>30</i>	Years <i>42</i>	Months <i>2</i>	Days <i>16</i>		
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Trenton</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>Hagerstown</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. Miller, Mr. Carpenter</i>					
Father's Name <i>Robert Carpenter</i>			Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Susan Garver</i>			Mother's Birthplace <i>Ind.</i>				
Name of person giving information			How related to deceased				

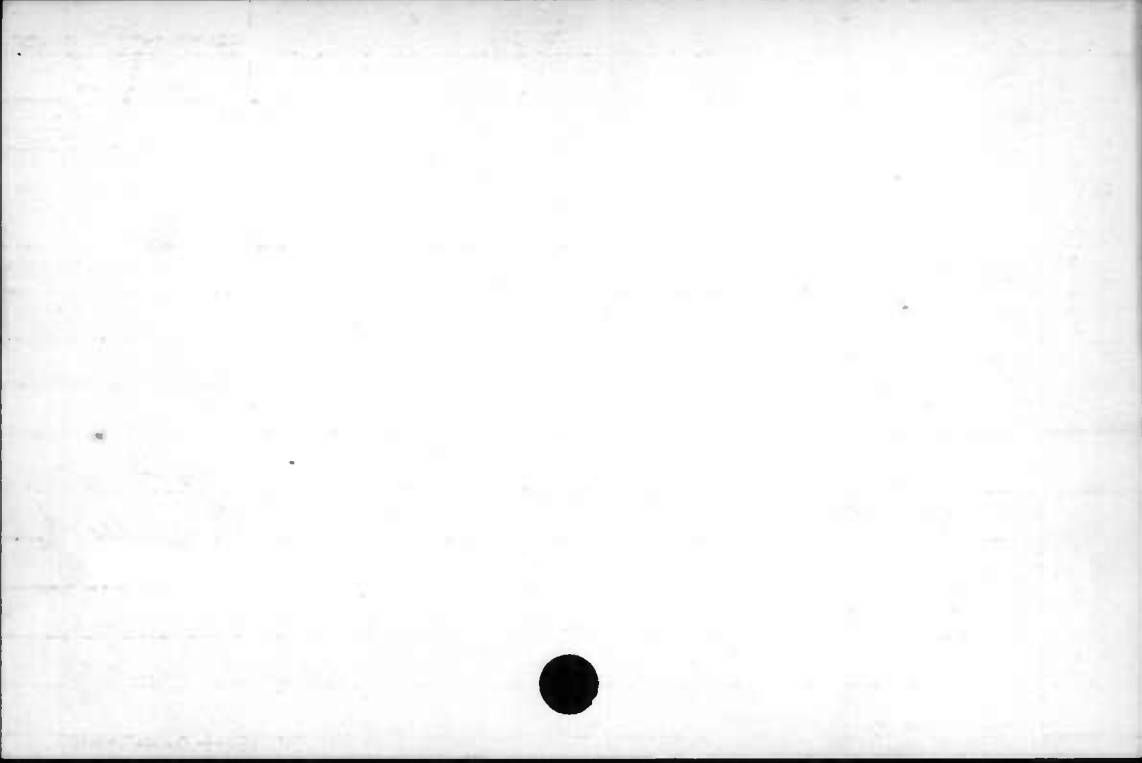
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>about 1</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm. P. Miller</i>
<i>yes</i>		Address	<i>Hagerstown Ind.</i>
Accident or Suicide?			



Name in Full		Mary A. Local				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Caretown	County Washington		MARYLAND	
	Date of death	1906	Month 3	Day 11	Age 78	Years 9	Days 21
	Sex	female		Color or Race	white		Birth-place
	Occupation	House wife		Where Residing if not at place of death		Caretown	
	Married, Single or Widowed	widowed		Name of Wife or Husband	Frances		
	Father's Name	Jacob Brouse				Father's Birthplace	Caretown
	Mother's Maiden Name	Annie M. Valentine				Mother's Birthplace	Graceham
	Name of person giving information	Elizabeth R Local				How related to deceased	Daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Hemiplegia				How long	Five days
	Immediate	Hypostatic Pneumonia				How long	One day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
				Smithsburg			
				Maryland			



Name
in
Full

CERTIFICATE OF DEATH

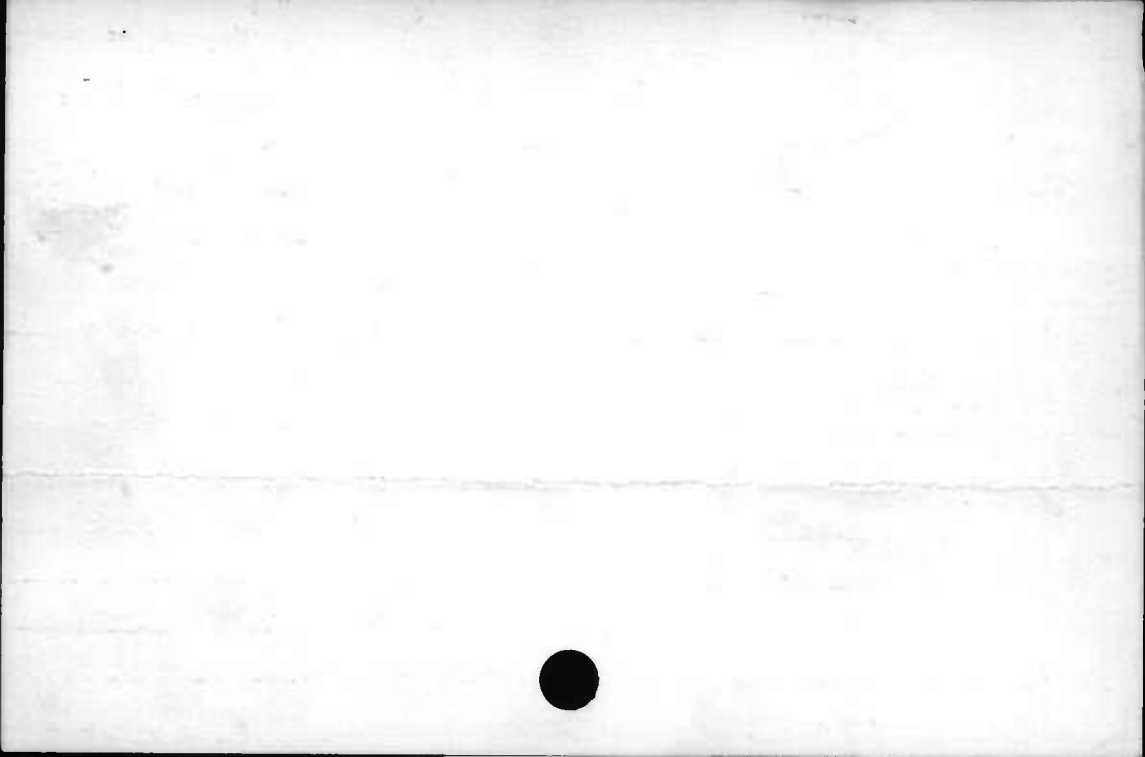
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		3	22	47	5	12	
Sex	Male	Color or Race	White	Birth-place	Holfville Fuba		
Occupation	Labour			Where Residing if not at place of death	Edgemoor		
Married, Single or Widowed	Single			Name of Wife or Husband	Mary E. Delanter		
Father's Name	Joshua Delanter			Father's Birthplace	Holfville		
Mother's Maiden Name	Roberta Harman			Mother's Birthplace	" "		
Name of person giving information	Mary E. Delanter			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Ulcers	How long	12 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. H. Wiskard
		Address	Leitersburg Md.
Accident or Suicide?			



Name
in
Full

Hervey Orlands Downes 288

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Halfway ^{County} Washington MARYLAND

Date of death 1906 Month Mar. Day 6 Age — Years — Months — Days 14

Sex Male Color or Race White Birth-place near Halfway

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Ross W. Downes Father's Birthplace Williamsport, Md.

Mother's Maiden Name Emma Kate Hetzer Mother's Birthplace Wmport, Md.

Name of person giving information Ross W. Downes How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchial Pneumonia (92) How long one day

Immediate Prostration How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W. S. Richardson
Williamsport, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William LeRoy Eader

Town Washington County

Died at Hagerstown Maryland

Date of death 1906 Month 3 Day 22 Age 22 Years 1 Months 15 Days

Sex Male Color or Race White Birth-place Md

Occupation Clerk Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Daniel H. Eader Father's Birthplace Md

Mother's Maiden Name Florence M. Friesen Mother's Birthplace Md

Name of person giving information D. H. Eader (V) How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis (Pulmonary) How long

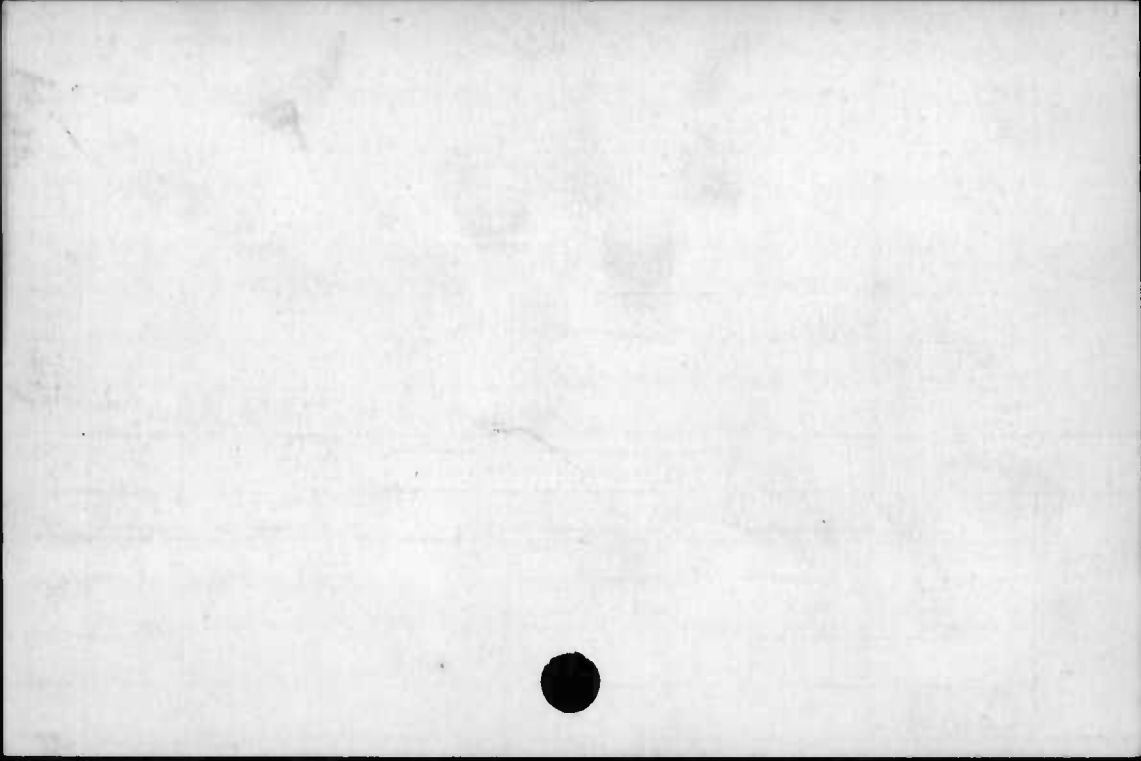
Immediate Cardiac Failure How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician A. P. Strupper, M.D.

Address

Accident or Suicide?



Name in Full		FREDERICK M. EBERSOLE				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Miller's Saw Mill</i>		<i>Washington</i> County		MARYLAND		
	Date of death	1906	Month	June	Day	28	
	Age		Years		Months	7	
	Days		3				
	Sex	Male		Color or Race	White		
	Birth-place	Miller's Saw Mill					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
<i>Charles Ebersole</i>				<i>near Winchester W. Va</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Mary Holmes</i>				<i>Trego, Md.</i>			
Name of person giving information				How related to deceased			
<i>Charles Ebersole</i>				<i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			How long			
	<i>Capillary Bronchitis</i>			<i>About a week</i>			
	Immediate			How long			
	—			—			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
<i>Yes</i>			<i>C. Howard Gardner</i>				
			Address				
			<i>Charleston W. Va</i>				
Accident or Suicide?							

Chas. S. Wade
Undertaker

Name
in
Full

George C. Funk, 3/21/1906

CERTIFICATE OF DEATH

MARYLAND

Died at *Bear Creek, Md.* *Washington*Date of death *1906* *3* *13* *50*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Amelia Funk*Father's Name *George C. Funk* Father's Birthplace *Maryland*Mother's Maiden Name *Mary Walter* Mother's Birthplace *Maryland*Name of person giving information *Mrs. Doub* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Suicide* *(163)* How longImmediate *Poisoning by carbolic acid* How long

Are the name, age, sex, color, date and place correctly given above?

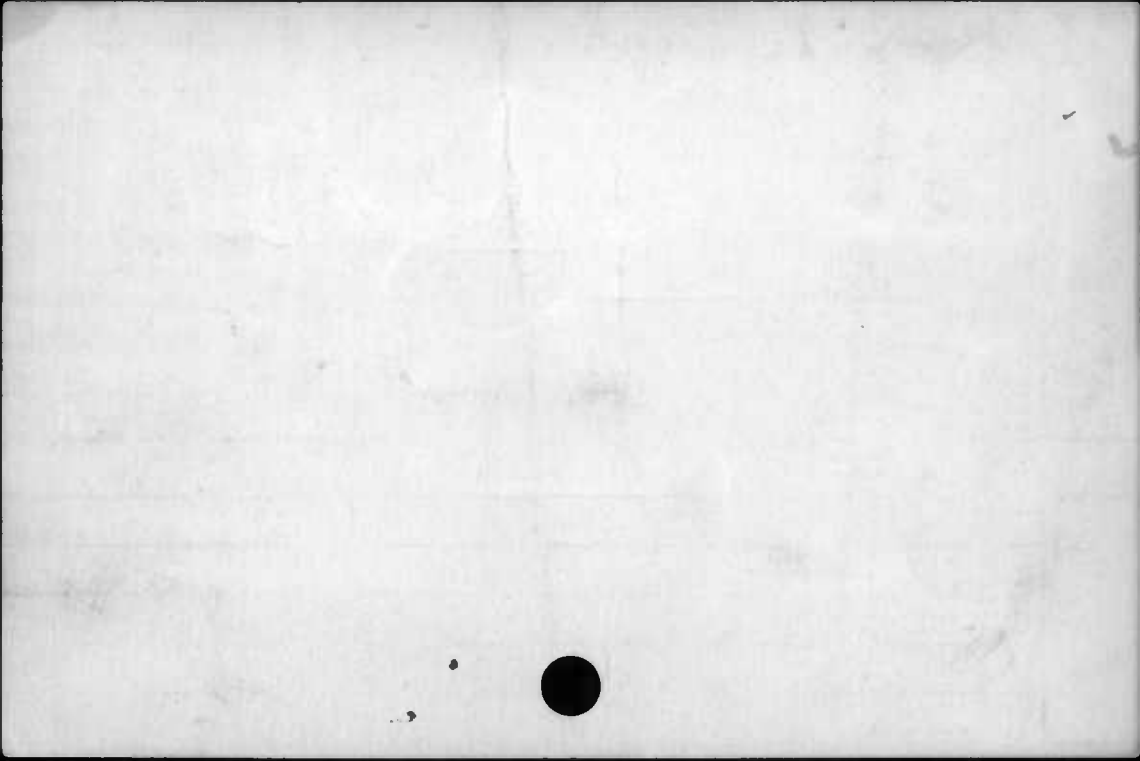
Signature of Physician

Address

A. P. Chaupier
Hagerstown
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph M. Fatterer		Town Lagerstown		County Wash		STATE MARYLAND	
Died at		Date of death		Age		Months Days	
1906		3		5-2		-	
Sex male		Color or Race white		Birth-place Md.			
Occupation None		Where Residing If not at place of death					
Married, Single or Widowed married		Name of Wife - Cynthia Fatterer					
Father's Name Aloysius Fatterer		Father's Birthplace Germany					
Mother's Maiden Name Catherine Stutz		Mother's Birthplace "					
Name of person giving information J. H. Fatterer		How related to deceased brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Blood Poisoning	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. M. [Signature]
		Address [Redacted]
Accident or Suicide?		



Name
in
Full

Martha Jane Catrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mondell^{County} Washington

Date of death 1906 Mar.

Day 16

Age 72 Years

7 Months

13 Days

Sex Female

Color or Race white

Birth place Washington D.C.

Occupation

Where Residing if not at place of death

Married, Single or Widowed widowed

Name of Wife or Husband John H. Catrell

Father's Name Jeremiah Seaman

Father's Birthplace Maryland

Mother's Maiden Name Maria Leggett

Mother's Birthplace

Name of person giving information B. F. Catrell

How related to deceased Son

CAUSES OF DEATH

Primary

General Debility (154)

How long

Several years

Immediate

Heart Failure

How long

A short time

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

D. H. Gardner

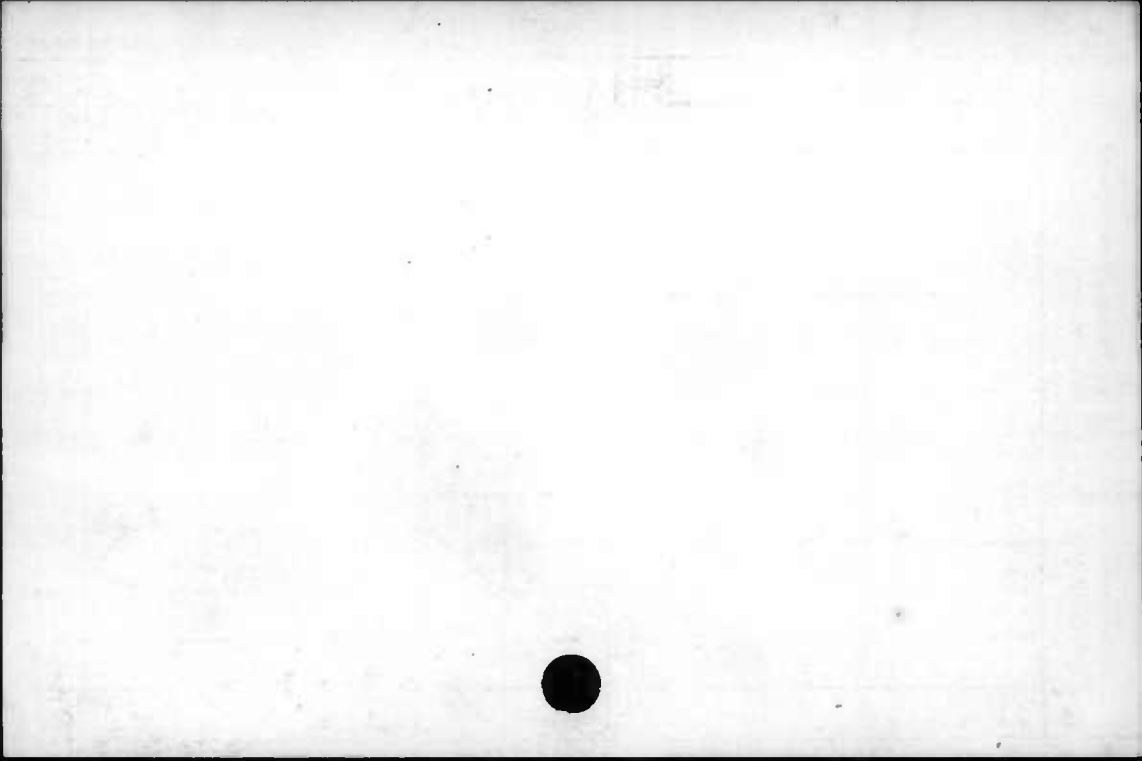
Address

Sharpsburg Md

Accident or Suicide?

Eugene Marker.
Undertaker

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Smithsburg</i>		County <i>Washington</i>		MARYLAND
	Date of death <i>1904</i>	Month <i>3</i>	Day <i>13</i>	Age <i>25</i>	Months <i>6</i> Days <i>11</i>
	Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Chewsville</i>	
	Occupation <i>house wife</i>	Where Residing if not at place of death <i>Smithsburg</i>			
	Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>John. H. George</i>			
	Father's Name <i>unnwing</i>	Father's Birthplace <i>unnwing</i>			
	Mother's Maiden Name <i>unnwing</i>	Mother's Birthplace <i>unnwing</i>			
	Name of person giving information <i>Mrs. C. L. Hitespew</i>	How related to deceased <i>Grand daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>General Debility</i>		How long <i>Several years</i>		<i>(17)</i>
	Immediate <i>Dropsy</i>		How long <i>"</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Jos. Protzman</i>		
			Address <i>Smithsburg Md.</i>		
	Accident or Suicide?				



Name in Full		Catharine Gertrude Harvish				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Georgetown</u>		Town		<u>Washington</u>		County
	Date of death 190 <u>6</u>		Month <u>3</u>	Day <u>25</u>	Age <u>—</u>	Years <u>—</u>	Months <u>9</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>md</u>		
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name <u>Alfred Harvish</u>				Father's Birthplace <u>md</u>		
	Mother's Maiden Name <u>Mary E. Brance</u>				Mother's Birthplace <u>md</u>		
	Name of person giving information <u>Alfred Harvish</u>				How related to deceased <u>Father</u>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>Diphtheria</u>		How long <u>7 days</u>				
	Immediate <u>—</u>		How long				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. C. Williams, D.</u>				
	Accident or Suicide? <u>—</u>		Address <u>Union & 19th St. N.W.</u>				

Rose Hill

Name
in
Full

Joia Homer Harp

CERTIFICATE OF DEATH

Died at ^{Town} Benevola^{County} Wash.

MARYLAND

Date
of death 1904Month MarDay 27

Age

Years 18Months 5Days 27

Sex

MaleColor or
RaceWhiteBirth-
placeBenevola

Occupation

FarmerWhere Residing if not
at place of deathBenevolaMarried, Single
or WidowedSingleName of Wife or
HusbandFather's
NameInv. J. HarpFather's
BirthplaceBenevolaMother's
Maiden NameShipmanMother's
BirthplaceVa.Name of person giving
In formationJohn HarpHow related
to deceasedFather

CAUSES OF DEATH

Primary

Pneumonia Typhoid

How long

31 Days

Immediate

Heart Exhaustion

How long

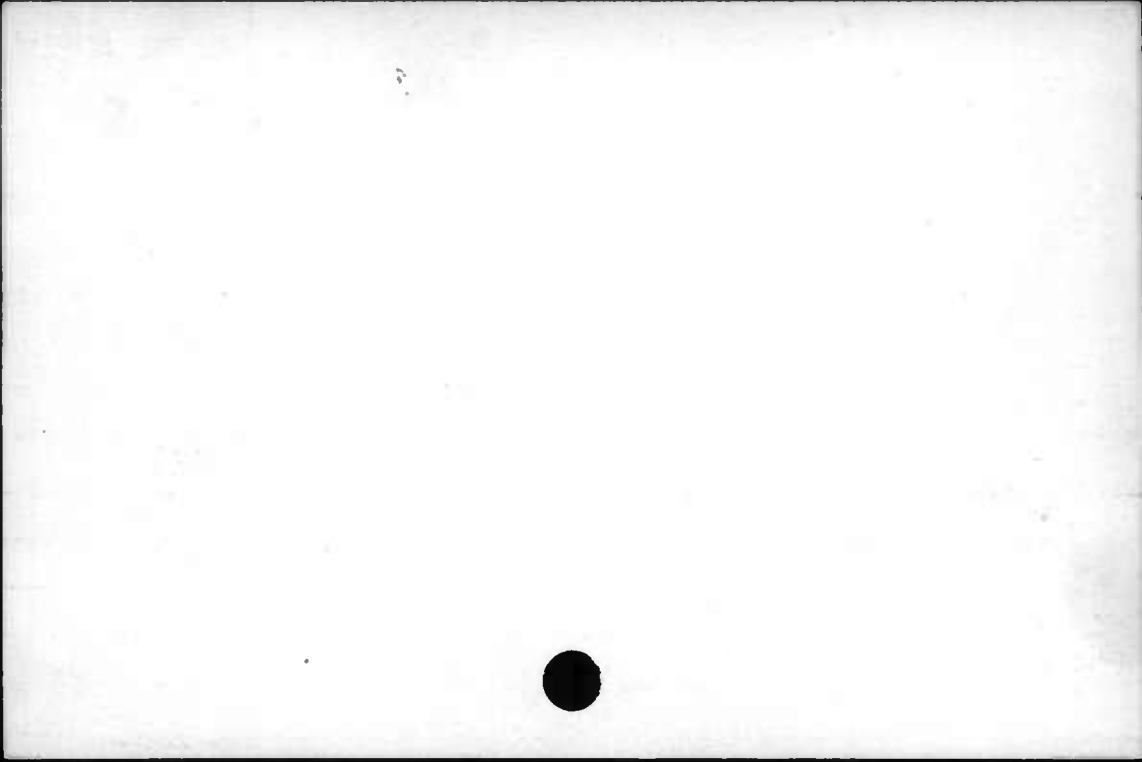
48 hrsAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianS. S. Davis

Address

Brownboro
md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E Harp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Benevola* Town*Haskins* County

Date

of death *1906*

Month

March

Day

8th

Years

Age

12

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Benevola*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John D Harp*Father's
Birthplace*Benevola*Mother's
Maiden Name*Bela Harp Hoffman*Mother's
Birthplace*Virginia*Name of person giving
In formation*John D Harp*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Typhoid Pneumonia

How long

20 days

Immediate

Heart Failure

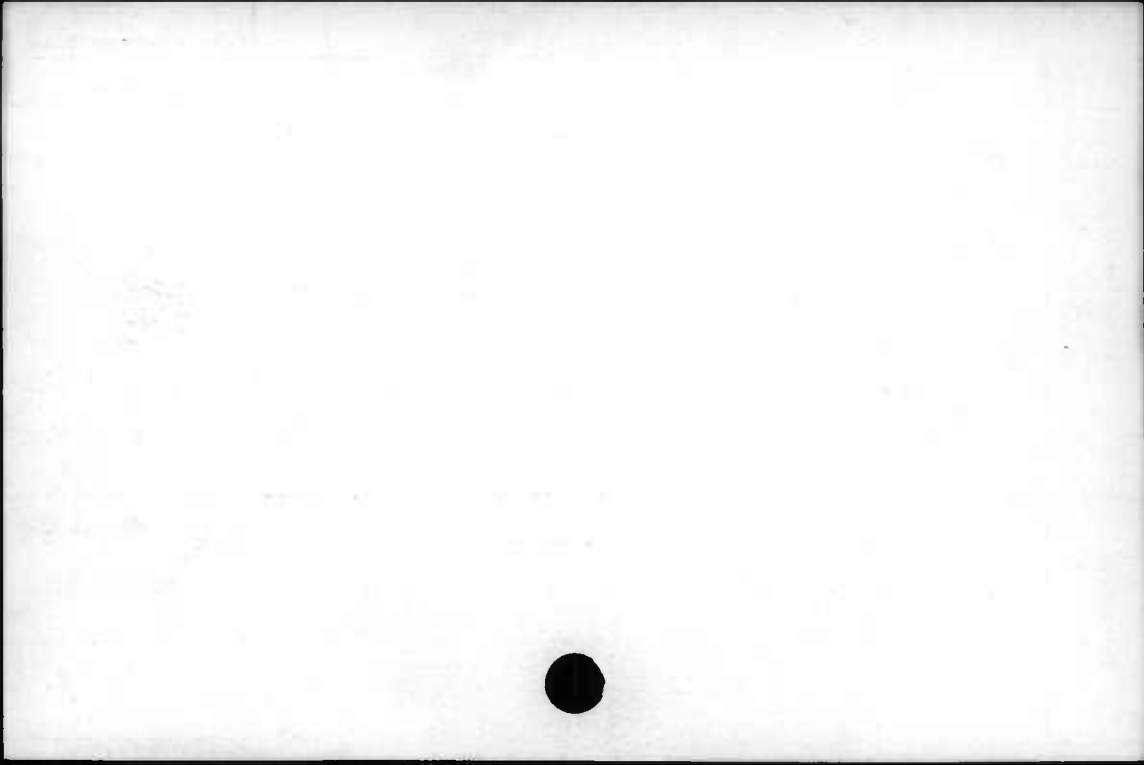
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*A. G. Lovell*

Address

Benevola, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

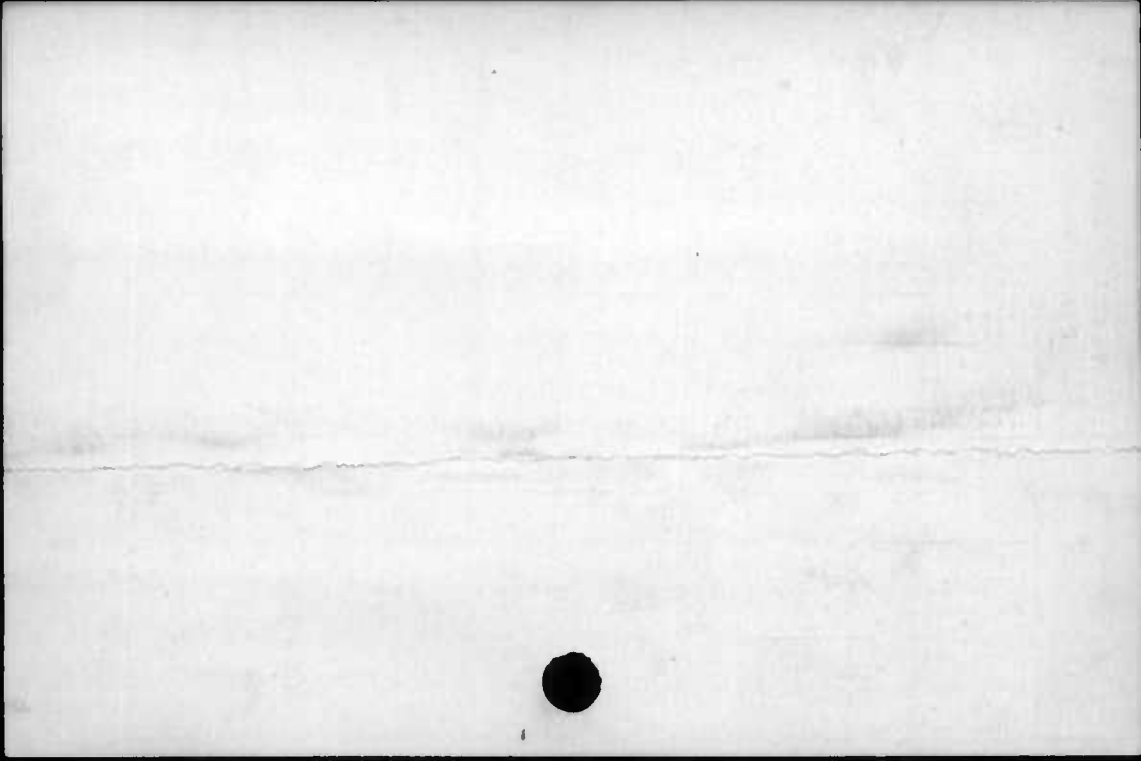
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1904		Mar	15	1	1	18	29
Sex	male	Color or Race	White	Birthplace	Bakersville		
Occupation				Where Residing if not at place of death	Mandell		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Clinton Humphill				Father's Birthplace	Dumsville	
Mother's Maiden Name	Florence Bowers				Mother's Birthplace	Mercersville	
Name of person giving information	Clinton Humphill				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Brunchitis	How long	about 2 weeks
Immediate	Meningitis	How long	2 or 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. H. G. [Signature]
		Address	Shenandoah, Md.
Accident or Suicide?			



PHYSICIAN
OR CORONER

Oliver Hicks

CERTIFICATE OF DEATH

Died at ^{Town} Hayestown

County
Washington

MARYLAND

Date of death 1906

Month

Day

Age

Y92

Months

Day:

Sex

Color or Race

Birth-
place

Occupation

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's
Name

Mother's
Maiden Name

Name of person giving information

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Hayway

Name
in
Full

Clara Jane Hoffman

CERTIFICATE OF DEATH

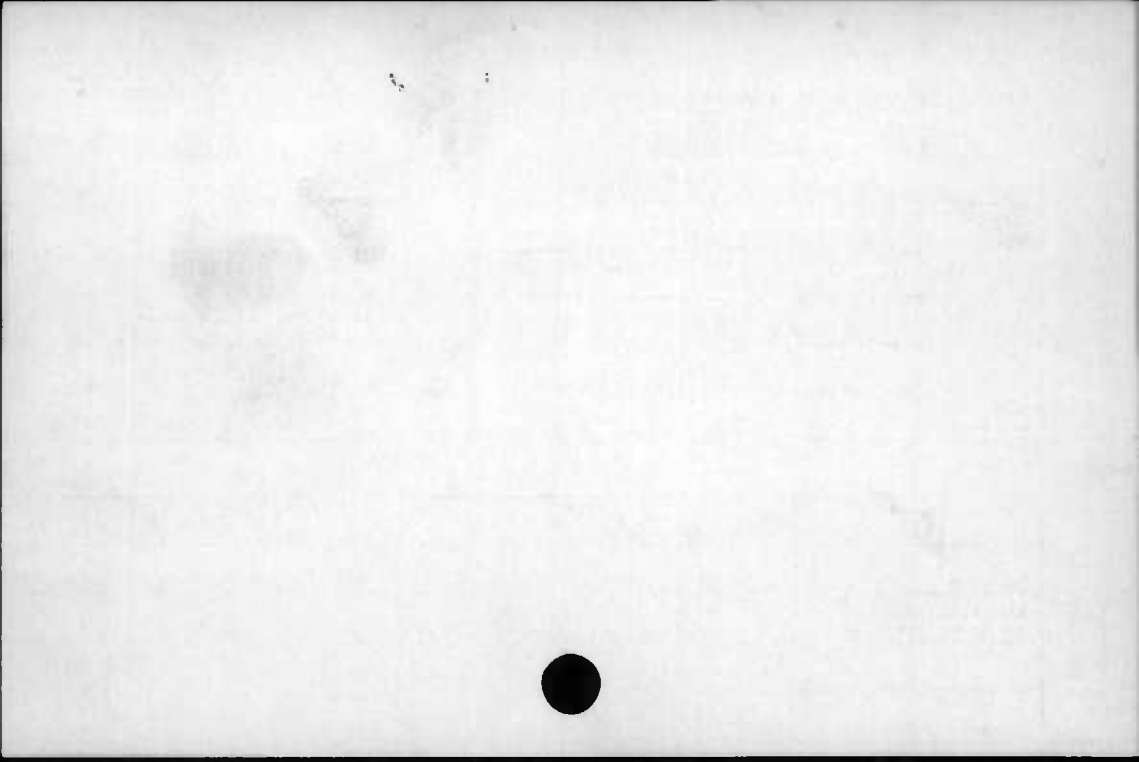
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town} <u>Wash</u> ^{County}		MARYLAND	
Date of death 19 <u>06</u>	<u>3</u> ^{Month}	<u>4</u> ^{Day}	Age <u>68</u> ^{Years}
<u>Female</u> ^{Sex}	<u>White</u> ^{Color or Race}	<u>Ind.</u> ^{Birth-place}	<u>25</u> ^{Days}
<u>B.W.</u> ^{Occupation}	<u>Ind.</u> ^{Where Residing if not at place of death}		
Married, Single or Widowed <u>widow</u>	Name of <u>J. Calvin Hoffman</u> ^{Husband}		
Father's Name <u>Geo. Wm.</u>	<u>Ind.</u> ^{Father's Birthplace}	<u>Ind.</u>	
Mother's Maiden Name <u>Susan Landis</u>	<u>Ind.</u> ^{Mother's Birthplace}	<u>Ind.</u>	
Name of person giving information <u>W. K. Hoffman</u>	<u>Son</u> ^{How related to deceased}		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>several years</u>
Immediate <u>thickening</u>	How long <u>several</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. W. Rogers</u>
Accident or Suicide? <u>no</u>	Address <u>Hagerstown Md</u>



Name

in
Full

CERTIFICATE OF DEATH

Agnes Hopewell

Town

County

MARYLAND

Died at.

Hagerstown

Washington

Date

of death 1906

Month

3

Day

9

Age

Years

—

Months

—

Days

6

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George Dabinger

Father's
Birthplace

Na

Mother's
Maiden Name

Agnes Hopewell

Mother's
Birthplace

Md

Name of person giving
In formation

Agnes Hopewell

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Yellow jaundice

(151)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

A. K. Coffman

Hagerstown Md

Undertaker

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Half-Way

Name
in
Full

Elizabeth Horvick

CERTIFICATE OF DEATH

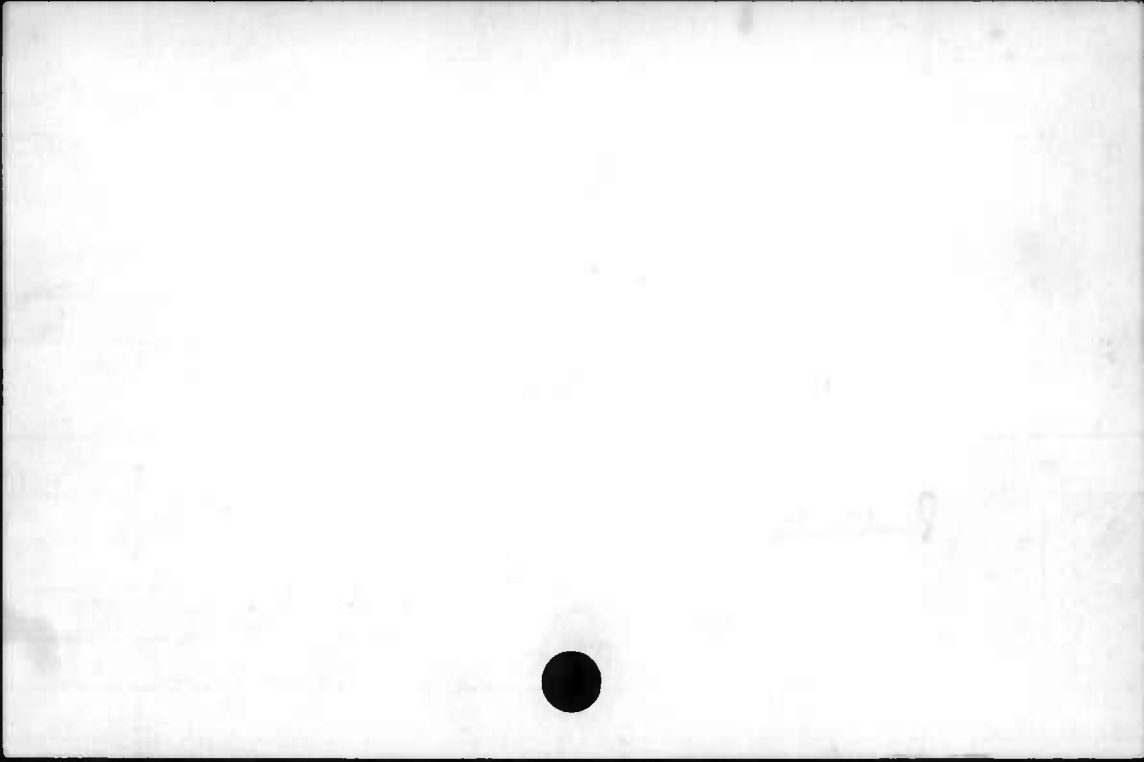
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Hancock</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1906	Month	3	Day	20	Age	76
Sex	<i>female</i>	Color or Race	<i>white</i>			Months	2
Occupation				Birthplace	<i>Near Hancock</i>		
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband <i>Samuel Horvick</i>					
Father's Name		<i>Adam Keller</i>				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information		<i>Michael C Horvick</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long	<i>(154)</i>
Immediate		How long	<i>1 year -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Steiger</i>	
		Address <i>Hancock, Md.</i>	
Accident or Suicide?			



Name
in
Full

Daniel J. Houser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Sharpsburg ^{County} Washington

Date of death 1906 ^{Month} Mar ^{Day} 19 ^{Age} ^{Years} 20 ^{Months} 5 ^{Days} 4

Sex ^{Male} Color or Race ^{White} Birth-place ^{Near Sharpsburg}

Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed ^{Single} Name of Wife or Husband _____

Father's Name ^{Wm H. Houser} (116) Father's Birthplace ^{Sharpsburg, Md}

Mother's Maiden Name ^{Margaret Stull} Mother's Birthplace ^{Mercersville, Md}

Name of person giving information ^{Wm H. Houser} How related to deceased ^{Father}

CAUSES OF DEATH

Primary ^{Pneumonia} (116) How long ^{12 days}

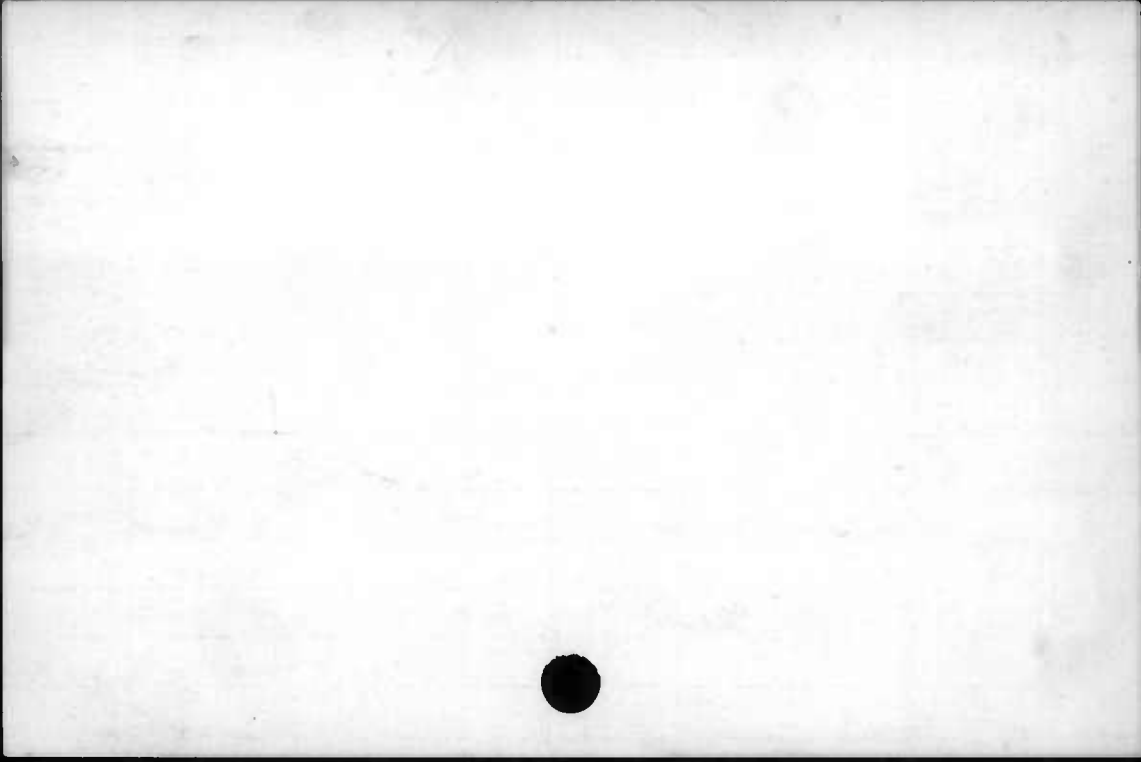
Immediate _____ Are the name, age, sex, color, date and place correctly given above? ^{Yes} Signature of Physician ^{E. M. Gurnett}

Address ^{Sharpsburg, Md.}

Accident or Suicide?

Chas. S. Wade
Undertaker

Name in Full		Mary Humrichouse				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Springfield Farm</i>		Town <i>Williamsport</i>		County <i>Washington</i>		STATE <i>MARYLAND</i>
	Date of death <i>1906</i>	Month <i>March</i>	Day <i>18th</i>	Age <i>78</i>	Months <i>11</i>	Days <i>9</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown, Md.</i>		
	Occupation <i>Housewife</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles William Humrichouse</i>				
	Father's Name <i>William Hawkers</i>				Father's Birthplace <i>Hagerstown, Md.</i>		
	Mother's Maiden Name <i>Leah Cramer</i>				Mother's Birthplace <i>Hagerstown, Md.</i>		
Name of person giving information <i>J.W. Humrichouse</i>					How related to deceased <i>Son</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Kidney and heart disease</i>				How long <i>about two years</i>		
	Immediate <i>irritation of heart</i>				How long <i>about three months</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J.W. Humrichouse</i>		
					Address <i>Hagerstown Md.</i>		
	Accident or Suicide?						



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Leslie Jenkins</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>22</i>		Years <i>33</i>	
Date of death <i>1906</i>		Age <i>33</i>		Months <i>7</i>		Days <i>22</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>Mail driver</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Edward Jenkins</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Harriet Brewster</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Harriett Jenkins</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Congestion of Kidney</i>	How long <i>10 days</i>
Immediate <i>Exposure</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas B. Apple</i>
	Address <i>Hagerstown md</i>
Accident or Suicide?	

Williams get

Name
in
Full

CERTIFICATE OF DEATH

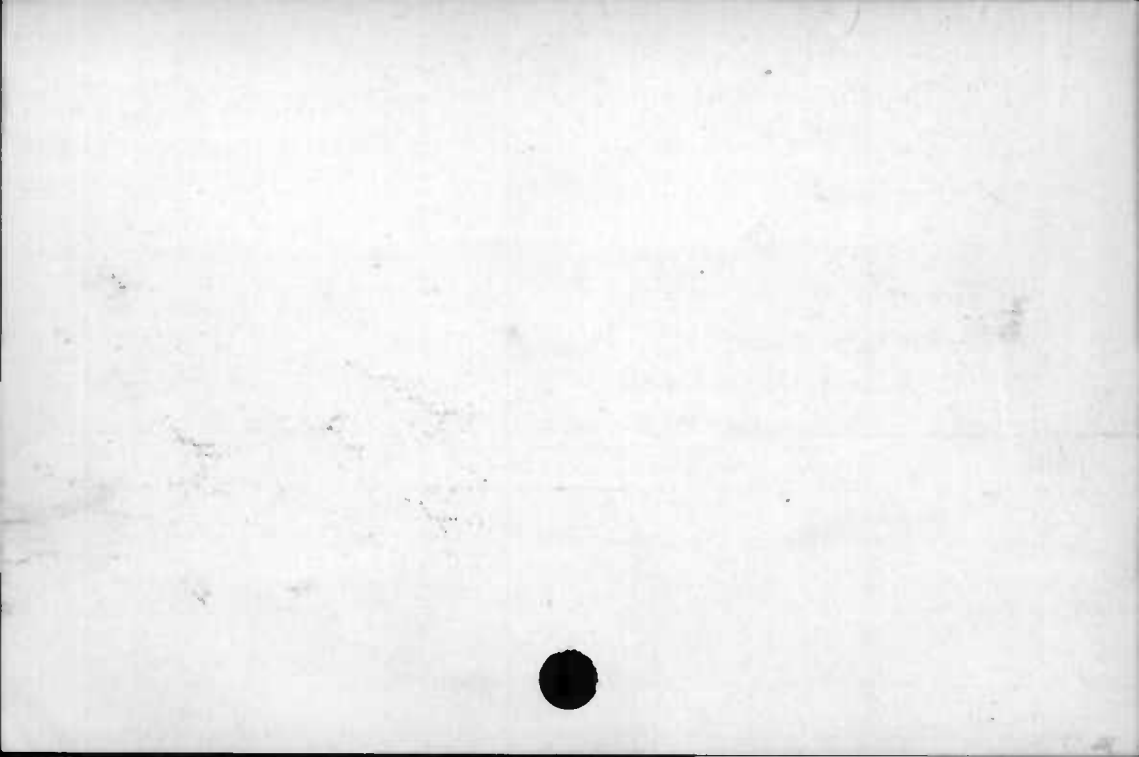
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ida James</i>		Town <i>St James</i>		County <i>Hash</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Mar 31</i>		<i>6</i>		<i>4</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>St James</i>		Days <i>23</i>	
Occupation		Where Residing if not at place of death		<i>St James</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Levi James</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Luna Salor</i>		Mother's Birthplace <i>Washington D.C.</i>					
Name of person giving information <i>Levi James</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>1 week</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. M. Reichard</i>
	Address <i>Rainplay.</i>
Accident or Suicide?	



Name
in
Full

Helen F. Readle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

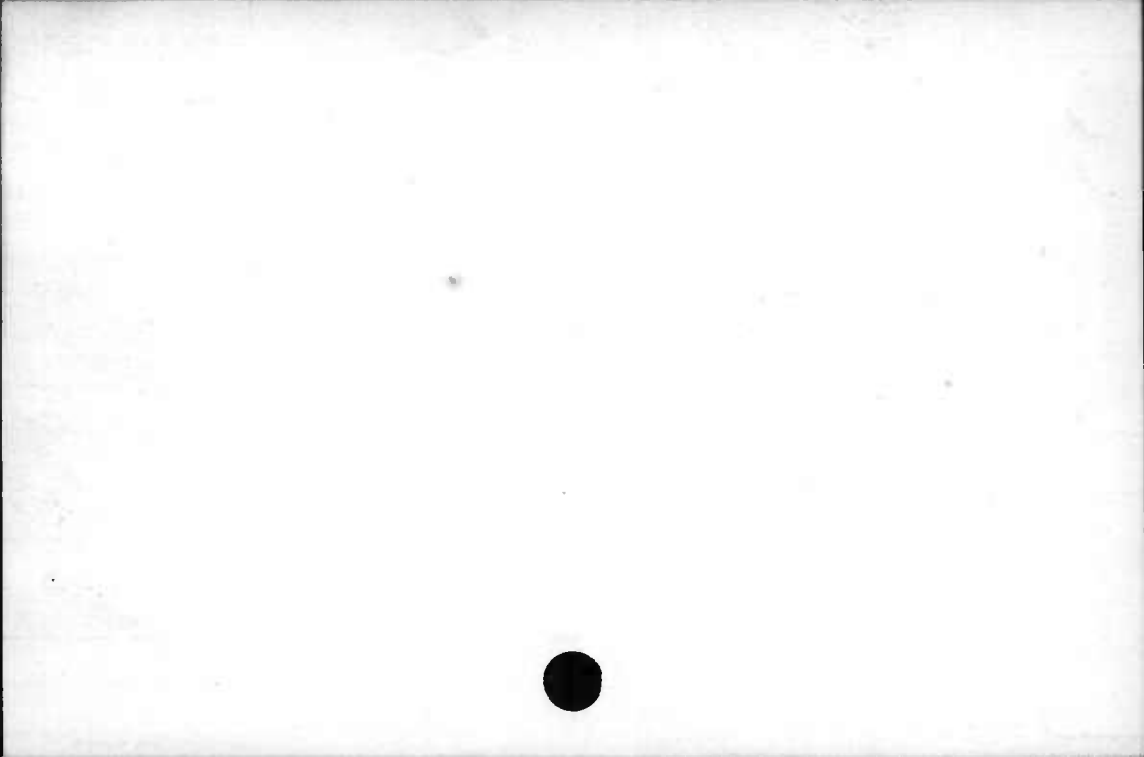
MARYLAND

Died at Mapleville		County Wash.			
Date of death 1906	Month Mar.	Day 25	Age 67	Years 5	Months 3
Sex Female	Color or Race White		Birth-place Wash. Co		
Occupation Wife	Where Residing if not at place of death Mapleville				
Married, Single or Widowed Married	Name of Wife or Husband John Readle				
Father's Name Price Ford	Father's Birthplace Brownston				
Mother's Maiden Name Mary Thysre	Mother's Birthplace " "				
Name of person giving information John Readle	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	How long	3 weeks
Immediate	Peritonitis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. S. Davis	
Yes		Address Brownston Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Josephus E Keady

State

MARYLAND

Died at ^{Town} Eakles Mills

^{County} Washington

Date of death 1906

Month 3

Day 11

Age 52

Months 10

Days 2

Sex Male

Color or Race White

Birth-place Eakles Mills

Occupation Farmer

Where Residing If not at place of death Eakles Mills

Married, Single or ~~Widowed~~

Name of Wife or Husband

Martha A Keady

Father's Name

Joseph E Keady

Father's Birthplace

Rehobothville

Mother's Maiden Name

Sophia C. C. C. C.

Mother's Birthplace

Rehobothville

Name of person giving information

Mrs Martha A Keady

How related to deceased

Wife

CAUSES OF DEATH

Primary

Paralysis

How long

2 years

Immediate

Paralysis

How long

7 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. M. Kihiser

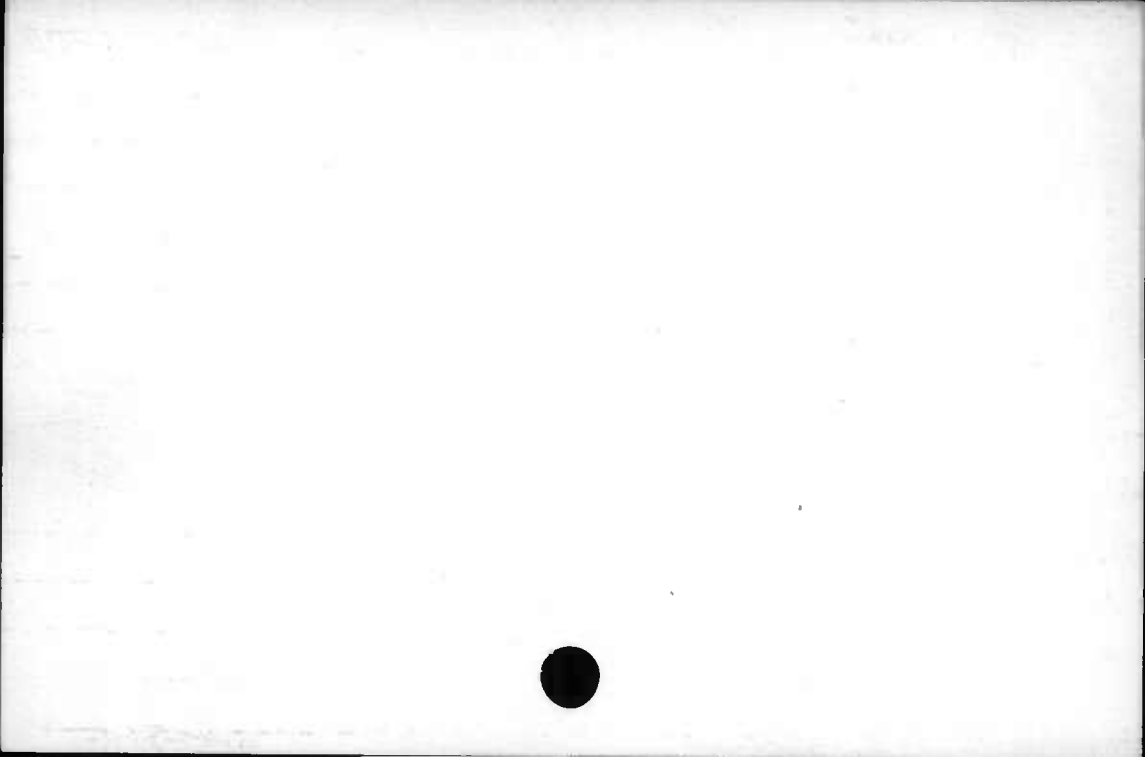
Address

Keadysville Md

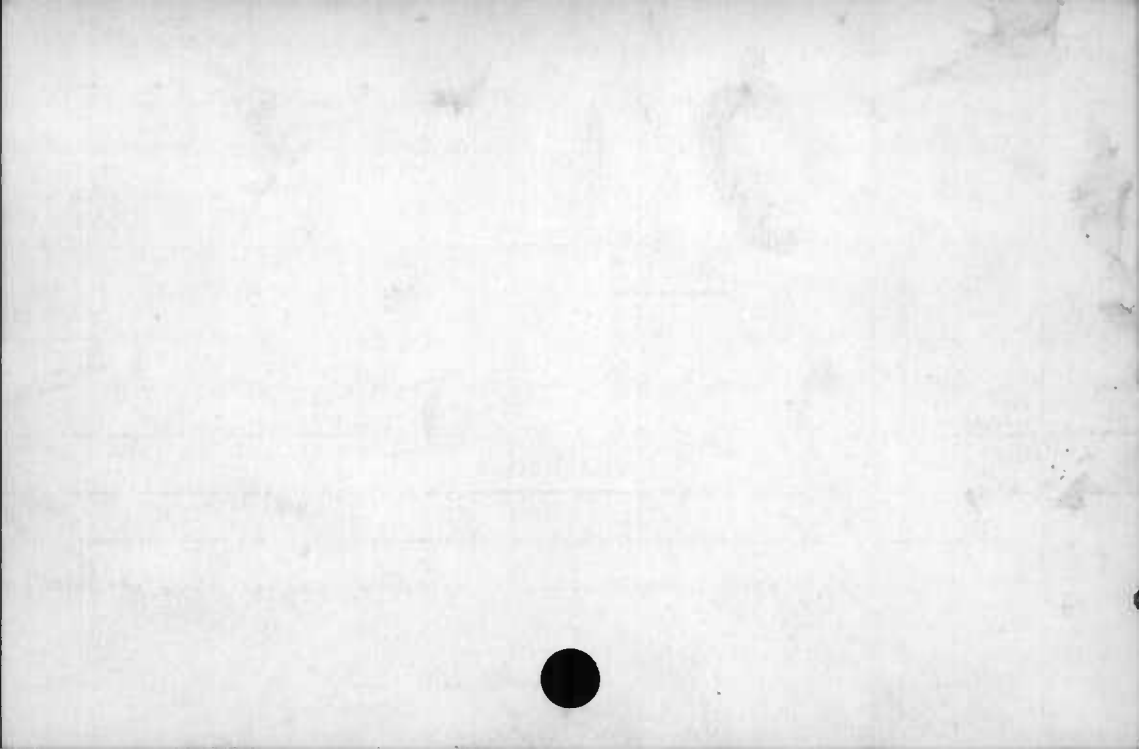
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>
	Date of death <i>1906</i>	Month <i>3</i>	Day <i>9</i>	Age <i>2</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>	
	Occupation			Where Residing if not at place of death	
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Albert Keyser</i>	Father's Birthplace <i>Na</i>			
	Mother's Maiden Name <i>Mary V Hughes</i>	Mother's Birthplace <i>md</i>			
	Name of person giving information <i>Mary Hughes</i>	How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>	How long <i>12 days</i>			
	Immediate <i>meningitis</i>	How long <i>2 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. J. Montross</i>			
		Address <i>Hagerstown md</i>			
	Accident or Suicide? <i>no</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Boonsboro		County Washington			
Date of death		1906	Month March	Day 15	Age Years 66	Months	Days
Sex Male		Color or Race White		Birth- place Maryland			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Jacob Knode		Father's Birthplace					
Mother's Maiden Name Mary Cheney		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation.	How long	One year
Immediate	Dropy.	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Hubert Trade.	
Address		Boonsboro.	
Accident or Suicide?		no	
		Maryland	



Name
in
Full

CERTIFICATE OF DEATH

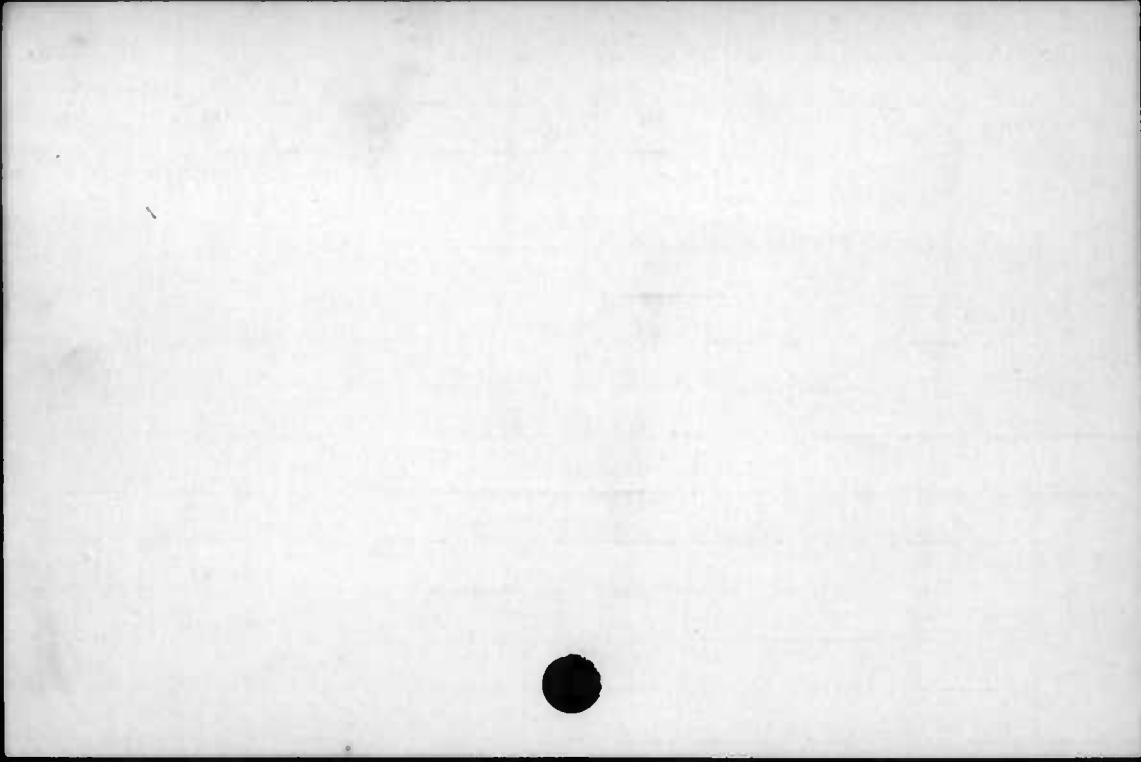
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>20</i>	Age <i>5-2</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Gottlieb Leegar</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Margaret Cornberger</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mrs Wm Startzman</i>		How related to deceased <i>Stepbrother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>1 month</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. Morrison</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Still born child of Wm & Mary Linder

CERTIFICATE OF DEATH

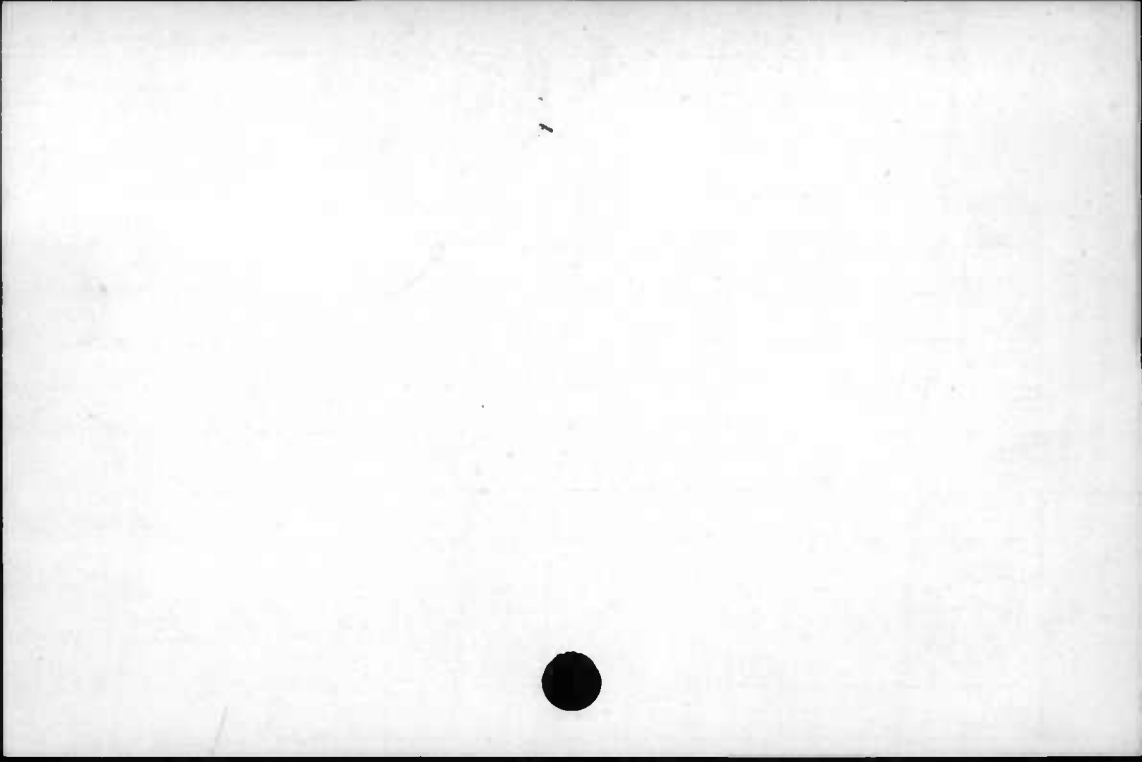
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Wash.</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>3</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>			
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>William Linder</u>		Father's Birthplace <u>Penn.</u>			
Mother's Maiden Name <u>Mary Stevens</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Wm Linder</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long	<u> </u>
Immediate	<u>Still Born</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Chas B Boyle</u>	
		Address <u>Hagerstown Ind.</u>	
Accident or Suicide? <u> </u>			



Name
in
Full

Miss Anna Loose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hagerstown^{County} Washington

MARYLAND

Date of death 1906

Month March

Day 11th

Age 24

Years

Months

Days

Sex Female

Color or Race White

Birthplace Near Hagerstown

Occupation Lady of Leisure

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Henry B Loose

Father's Birthplace Hagerstown

Mother's Maiden Name Virginia Pearson

Mother's Birthplace

Name of person giving information J B Loose

How related to deceased Uncle

CAUSES OF DEATH

Primary Peritonitis

116

How long 48 hours

Immediate Heart Failure

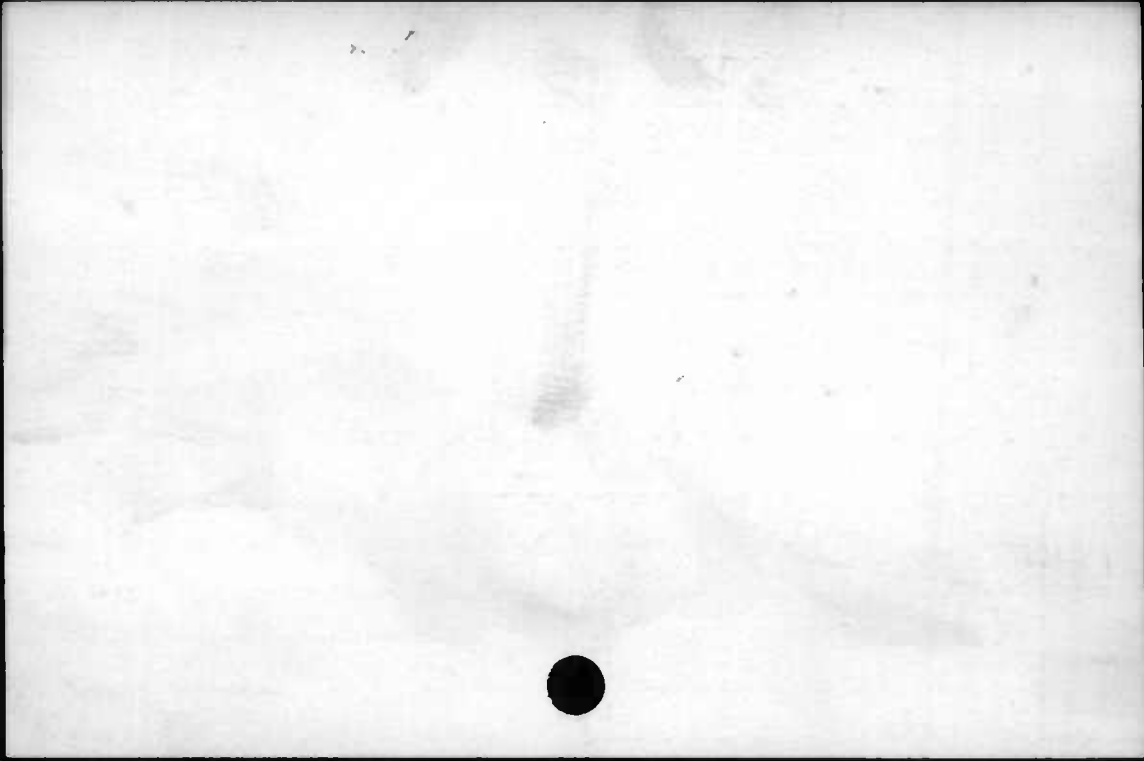
How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A A Gleason

Address Hagerstown

Accident or Suicide?



Name ^{Harry & Martha} Child of ["] Eiz. R. Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marysville, Pa</i>		County <i>Franklin</i>		Town <i>Penn</i>	
Date of death 190	<i>6</i>	Month <i>March</i>	Day <i>10</i>	Age	Years <i>2 1/2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Harvey K Martin</i>			Father's Birthplace <i>Washington Co Maryland</i>		
Mother's Maiden Name <i>Elizabeth R Shindle</i>			Mother's Birthplace <i>Washington Co Maryland</i>		
Name of person giving information <i>Harvey K Martin</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	(15-1)	How long	Since birth
Immediate	Marasmus		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Victor H. Miller M.D.	
		Address	Madison Square	
Accident or Suicide?			Pa	



No name

Died at ^{Town} *Bohensville* ^{County} *Washington* *MARYLAND*

Date 1904	Month <i>3</i>	Day <i>29</i>	Age <i>9</i>	Y. <i>—</i>	M. <i>—</i>	D. <i>9</i>	Native of <i>ind</i>	Occupation <i>—</i>
Male	White	Married	Widow	Divorced		Number of children living		
Female	Colored	Single	Widower					

Husband of

Wife

Father's Name *Franklin A Metz* Mother's Maiden Name *Annie McCallister*

Cause of Death { Primary *Premature Birth* How long sick *7 mo.*

Death { Immediate *Convulsions* *(151)* ~~Accident, Suicide, Homicide~~

Reported by *Dr C. D. Baker*Address *Bohensville ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

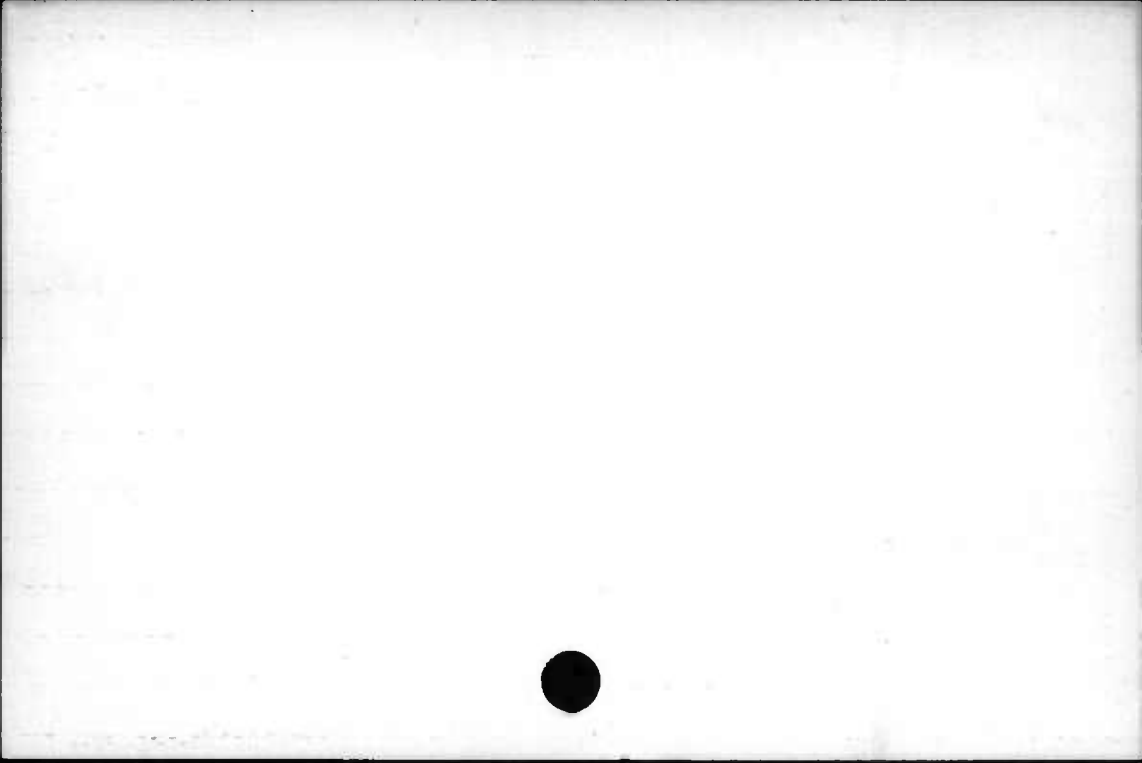
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		3	27	—		—	
Sex	Color or Race		Birth-place				
Female	White		Gapland				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				
William Mullinix			Pa.				
Corder			Md.				
Father			Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Transition (Placenta Previa)		How long	—	
Immediate	—		How long	—	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		H. M. Mhiser
			Address		Keedysville Md
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

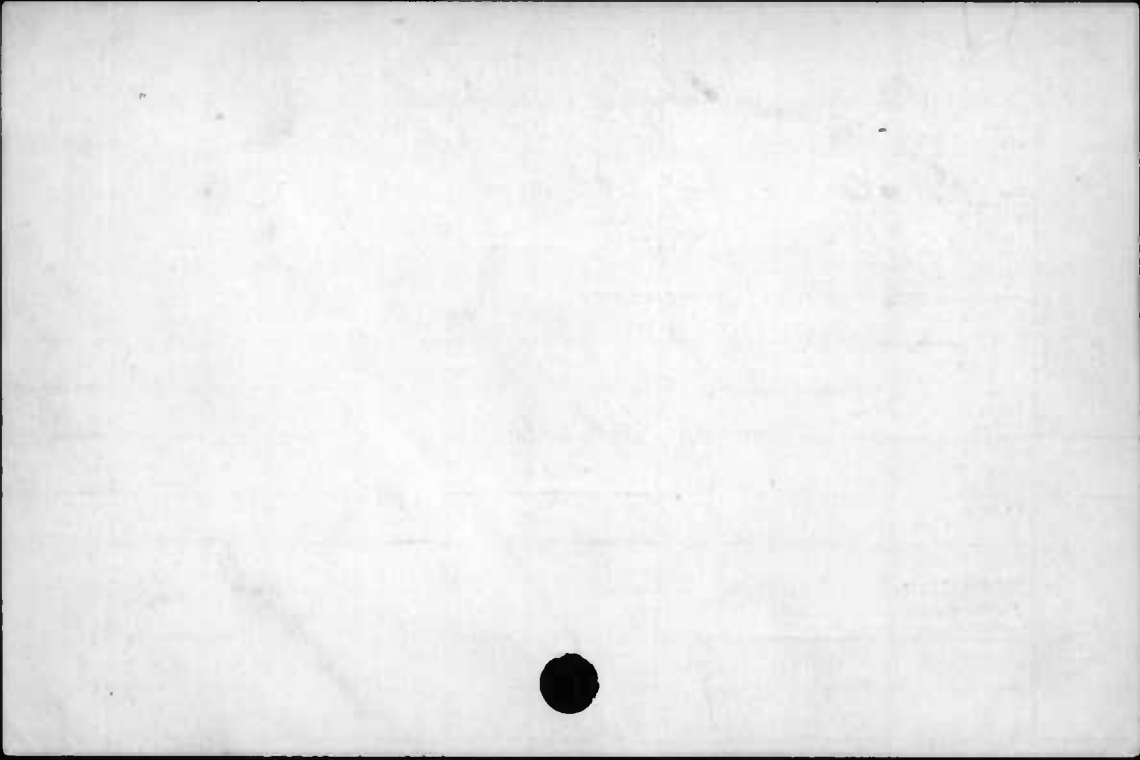
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Duennsville</i>		County <i>Wash</i>		MARYLAND	
Date of death	1906	Month <i>March</i>	Day <i>2</i>	Age <i>33</i>	Years <i>5</i>	Months <i>19</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Duennsville</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Duennsville</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Egza Mally</i>	Father's Birthplace <i>Manor</i>						
Mother's Maiden Name <i>Susan Smith</i>	Mother's Birthplace <i>Locust Grove</i>						
Name of person giving information <i>India Adams</i>	How related to deceased <i>None</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Pneumonia</i>	How long <i>15 days</i>
Immediate <i>Exhaustion</i>	How long <i>(93)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Hertz</i>
	Address <i>Stelliansport</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
in
Full

Catharine Irene Newbauer

CERTIFICATE OF DEATH

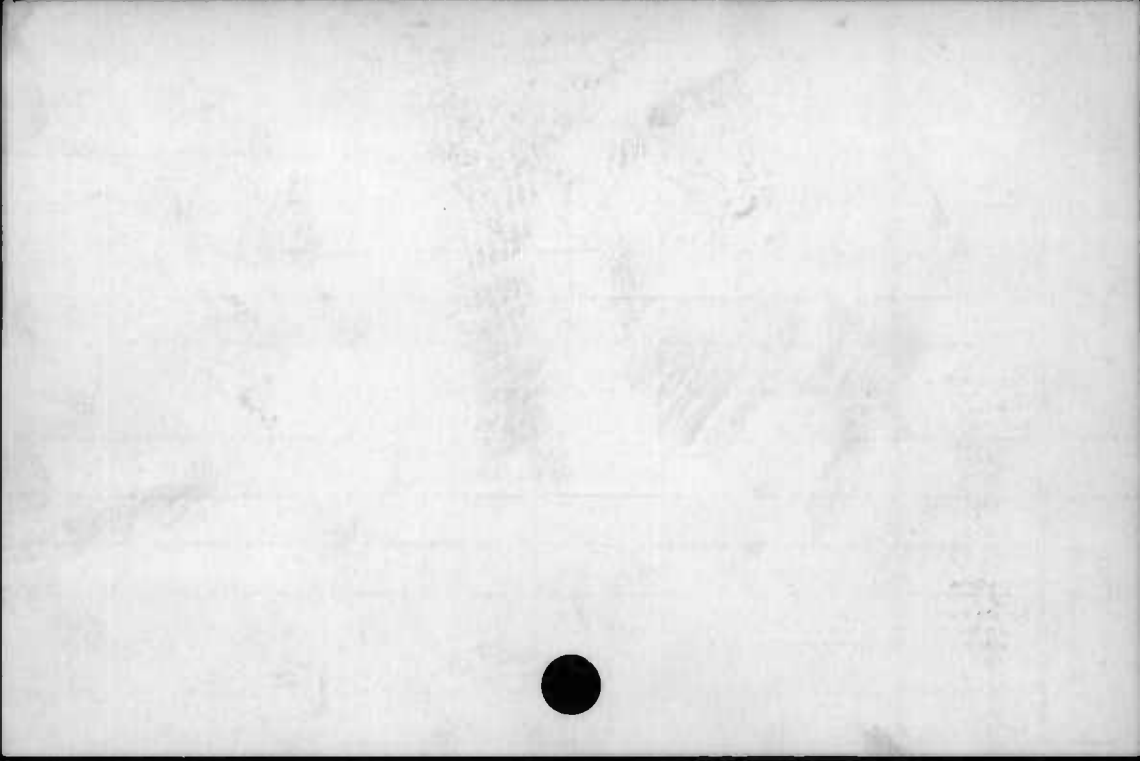
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	3	Day	15
Age	4	Years	6	Months	20
Sex	Female	Color or Race	White	Birth-place	md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Harry Newbauer</i>			md		
Mother's Maiden Name			Mother's Birthplace		
<i>Bessie Born</i>			md		
Name of person giving information			How related to deceased		
<i>James Wolty</i>			Grand Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>11 days.</i>
Immediate	<i>Exhaustion - Weak Heart.</i>	How long	...
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>V. C. D. Shiller, Jr.</i>	
Address		<i>Hagerstown md</i>	
Accident or Suicide?		<i>no</i>	



Name

Is Full

Samuel L. Newcomber 291

CERTIFICATE OF DEATH

Died at <i>Wmport</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	<i>3</i> ^{Month}	<i>19</i> ^{Day}	Age <i>28</i> ^{Years}	<i>4</i> ^{Months}	<i>17</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wmport</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Painter</i>			
Name of Wife or Husband					
Father's Name <i>Henry Newcomber</i>			Father's Birthplace <i>Clear Spring</i>		
Mother's Maiden Name <i>Emma Ardinger</i>			Mother's Birthplace <i>Wmport</i>		
Name of person giving information <i>John B. Newcomber</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary <i>Indurated Tuberculosis</i>	How long <i>40 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Webb</i>
	Address <i>Wmport</i>
Accident or Suicide?	

G. M. Miller



Name
in
Full

Anna. Catharine Houghton

CERTIFICATE OF DEATH

Died at *Bonsboro* Town*Wash.* County

. MARYLAND

Date of death *1906 Mar.* MonthDay *8*Age *70* YearsMonths *5*Days *7*Sex *Female*Color or Race *White*Birth-place *Bears Creek.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*John Houghton*Father's
Name*William McAlister*Father's
Birthplace*Ireland.*Mother's
Maiden Name*Catharine McAlister*Mother's
Birthplace*Bears Creek*Name of person giving
In formation*A. V. Houghton*How related
to deceased*Son.*

CAUSES OF DEATH

Primary

Valvular Disease of Heart - 199

How long

3 years -

Immediate

" " "

How long

*-*Are the name, age, sex, color, date
and place correctly given above?*Yes -*Signature of
Physician*Dr. W. B. Wheeler - W. C. Wheeler*

Address

*Bonsboro Washington Co
Maryland*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Amanda D. Obrist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Brownsville Washington County

Date of death 1906 3 Month 16 Day 67 Years 68 Months 2 Days 20

Sex Female Color or Race White Birth-place md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband John Obrist

Father's Name Henry Smith Father's Birthplace md

Mother's Maiden Name Robbuck Mother's Birthplace md

Name of person giving Information J. R. Obrist How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis (66) How long 6 months

Immediate " How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. J. Younte

Address Brownsville
md

Accident or Suicide? —

	12	30
Yr	me	d
1906.	3.	26
1837.	12.	26
68.	2	20

30
26
56
26
20

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Phillips not named, premature

Town Heaghton County Washington

Died at Heaghton

Date of death 1906 Feb 18th four hours four hours

Sex female Color or Race white Birth-place Heaghton Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Edward F. Phillips Father's Birthplace Carsell Co. Md

Mother's Maiden Name Leola May Radall Mother's Birthplace Heaghton Md

Name of person giving information Doctor Edw. F. Phillips How related to deceased Not related

CAUSES OF DEATH

Primary

Premature birth

How long

151

Immediate

Splanchic

How long

four hours

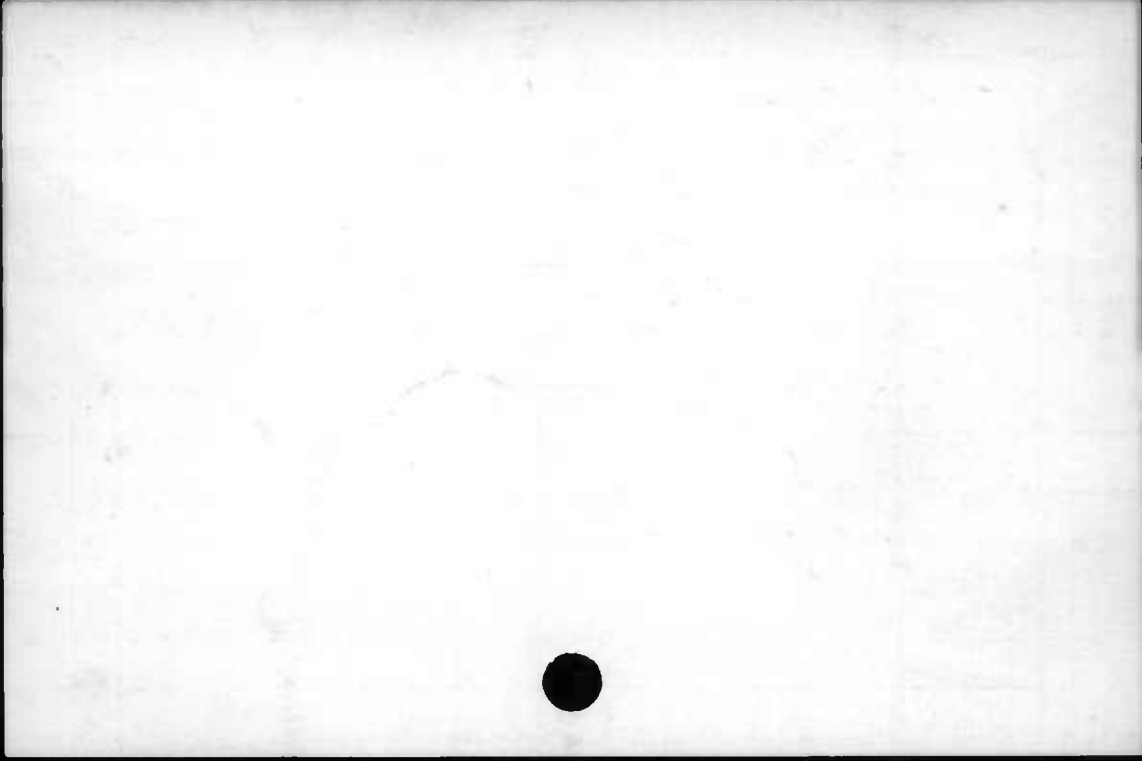
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. W. Nagari
Heaghton, Md

Accident or Suicide?



Name
in
Full

Samuel. Isaac, Preston 289

CERTIFICATE OF DEATH

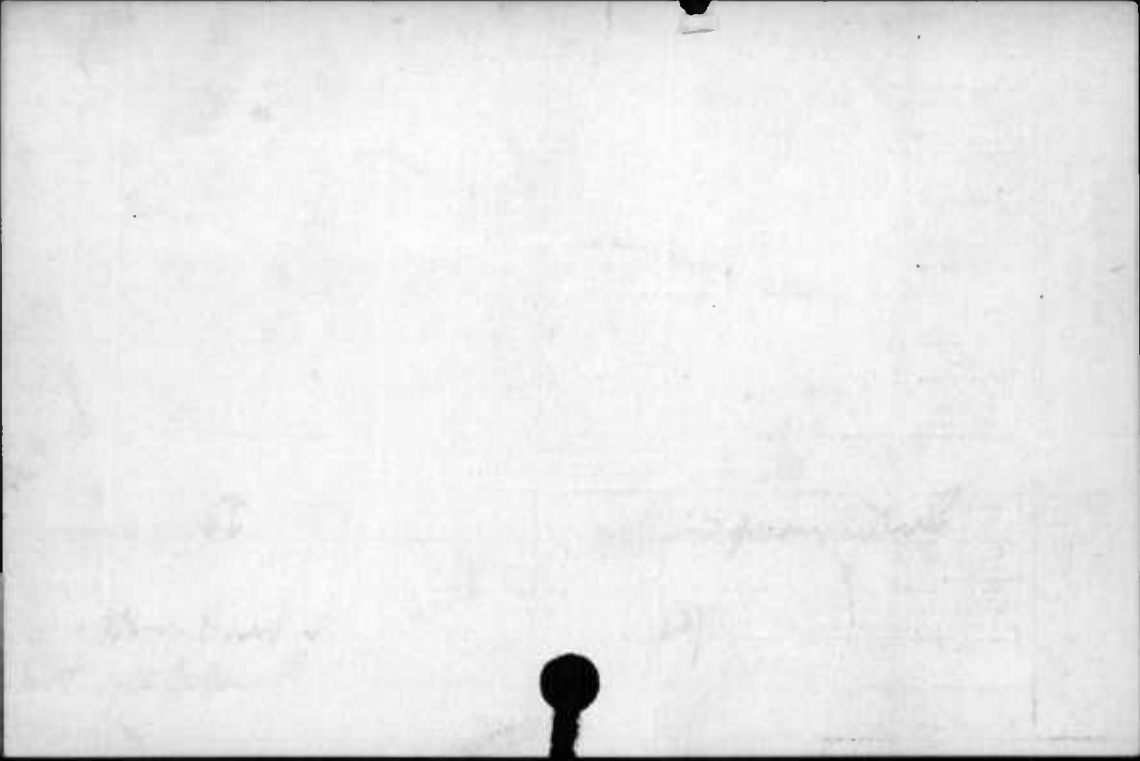
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport Md		County Washington		MARYLAND	
Date of death	1906	Month Mar	Day 11	Age	63	Years	Months 5
Sex	Male		Color or Race	White		Birth- place	Saline Ala
Occupation	Laborer & News Dealer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary E. Reeder			
Father's Name	Isaac Newton Preston				Father's Birthplace	Alabama	
Mother's Maiden Name	Mary Ann La Leer				Mother's Birthplace		
Name of person giving In formation	Edward W. Preston				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Injury received in coal mine	How long	Two years
Immediate	Overstratation	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. S. Richardson	
		Address Williamsport Md	
Accident or Suicide?			

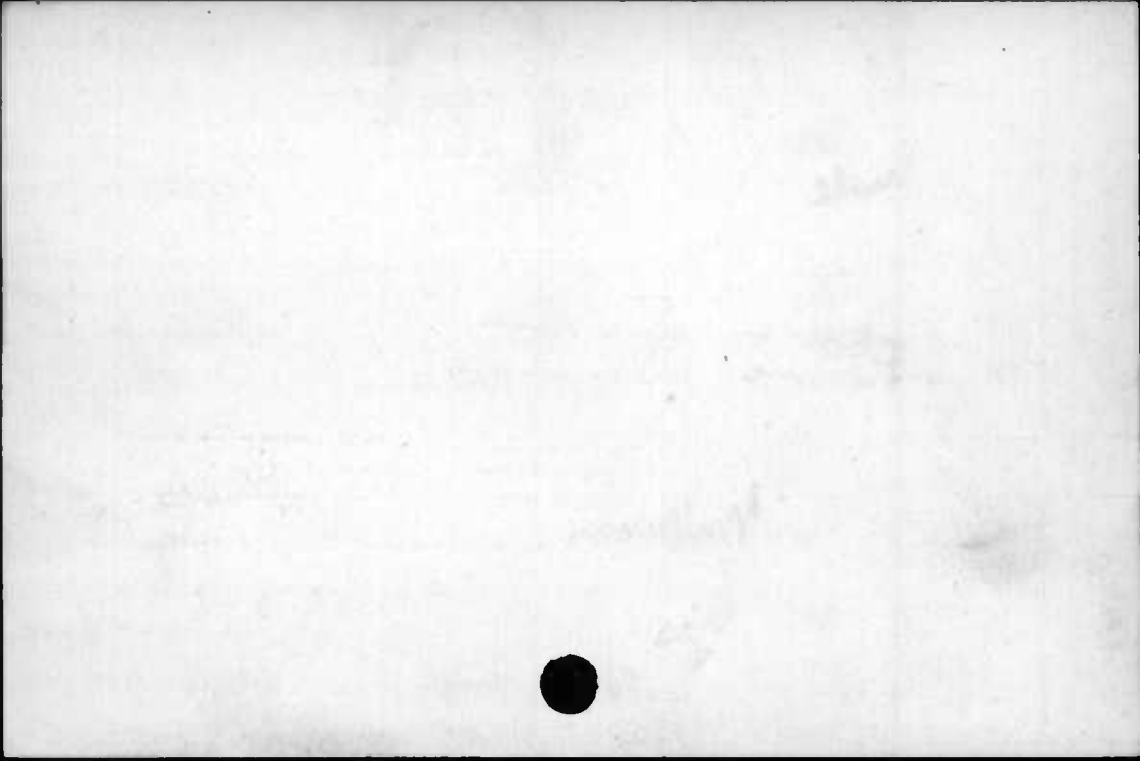


Name in Full		Geo. Washington Pray						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sharpsburg			County Washington			MARYLAND	
	Date of death	1906	Month Mar	Day 5	Age	Years 19	Months	Days 10	
	Sex	Male			Color or Race	White		Birth-place	Sharpsburg
	Occupation					Where Residing if not at place of death			
	Married, Single or Widowed	Single			Name of Wife or Husband				
	Father's Name	Charles F. Pray					Father's Birthplace	Great Co. Md.	
PHYSICIAN OR CORONER	Mother's Maiden Name	Martha Grayson					Mother's Birthplace	Luray, Va	
	Name of person giving information	Martha Pray					How related to deceased	Mother.	
	CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Intussusception				(108)	How long	Ten days	
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		L. M. Garrett.		
					Address		Sharpsburg, Ind.		
	Accident or Suicide?								

Chas. S. Wade,
Undertaker

Name in Full		Mrs Lilly M Roney				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Big Pool Wash, County		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1906		3	7	28	6	18
		Sex		Color or Race		Birth-place		
		female		White		Ind		
		Occupation		Where Residing if not at place of death				
Housewife		Big Pool						
Married, Single or Widowed		Wife or Husband		Charles Roney died with consumption				
Father's Name		D. H. Gehrhart		Father's Birthplace				
Mother's Maiden Name		Mary A Prompover		Mother's Birthplace				
Name of person giving information				How related to deceased				
				Brother				

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Consumption	How long
	Immediate	exhaustion	1 year
	Are the name, age, sex, color, date and place correctly given above?	Yes	How long
	2 weeks		
Signature of Physician		Medicine furnished	
Address		By Dr Miller Hagerstown	
Accident or Suicide?		Undertakers & Dr. H. C. Foster, Clear	



Name
in
Full

Still born Child Saylor

CERTIFICATE OF DEATH

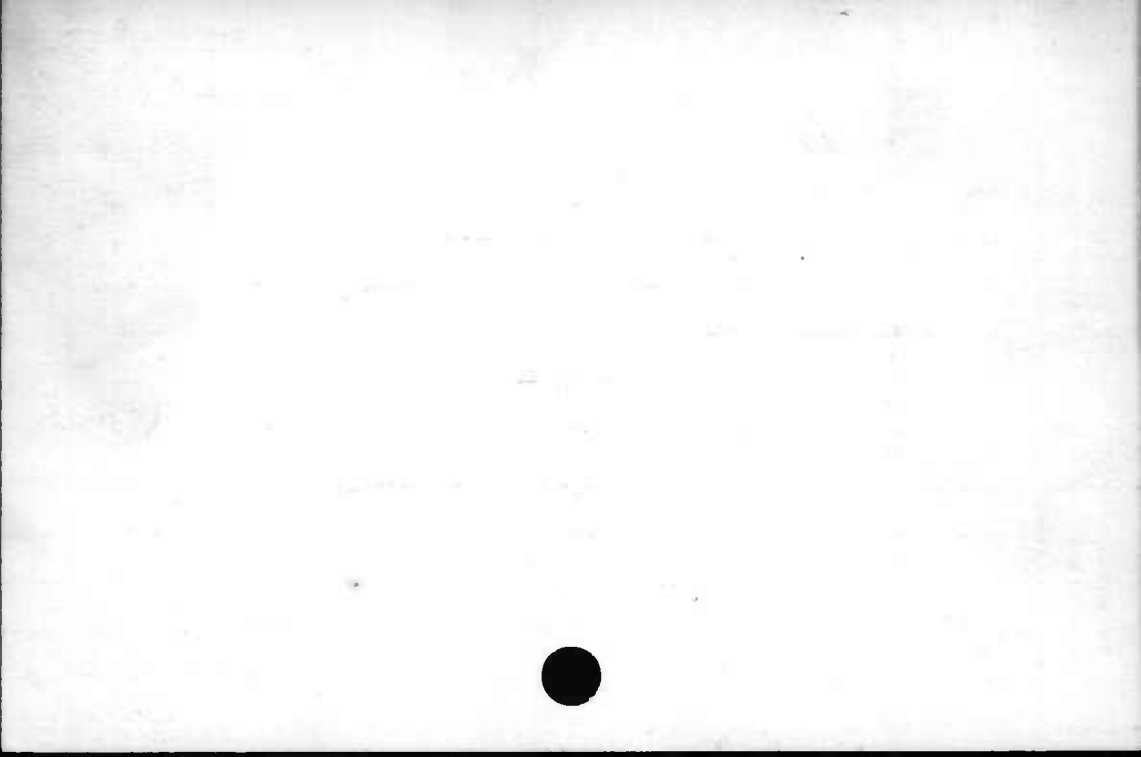
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND							
Date of death <i>1906</i>		Month <i>Mar</i>		Day <i>8</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Sharpsburg</i>									
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Harriet Saylor</i>				Father's Birthplace <i>Washington Co</i>									
Mother's Maiden Name <i>Florence Renner</i>				Mother's Birthplace <i>Sharpsburg</i>									
Name of person giving information				How related to deceased <i>Nearest Friend</i>									

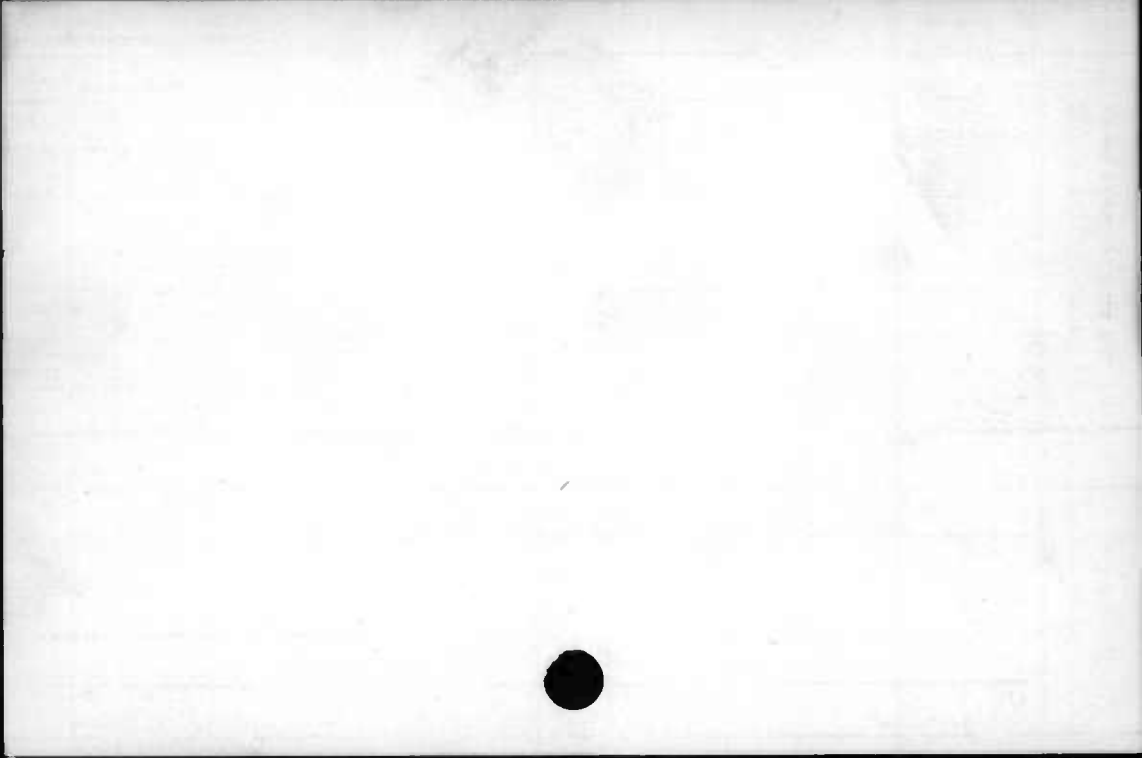
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>		How long <i>—</i>	
Immediate		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. M. Summitt</i>	
		Address <i>Sharpsburg, Md</i>	
Accident or Suicide?			



Name in Full		Geo. W. Seaman				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	D. C.			
		Washington				MARYLAND			
		Date of death	1906	Month	3	Day	6	Age	69
				Years	69	Months	7	Days	13
		Sex	male	Color or Race	white	Birth-place	md.		
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed	married	Name of Wife		Sarah Seaman			
		Father's Name	Jacob Seaman			Father's Birthplace	md.		
		Mother's Maiden Name	Maria Leggett			Mother's Birthplace	"		
		Name of person giving information	J. W. Seaman			How related to deceased	son		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Immediate				How long			
		Cancer of Ear & Head							
		Are the name, age, sex, color, date and place correctly given above?				yes			
		Signature of Physician				C. M. Butler			
		Address				Hagerstown, Md.			
		Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

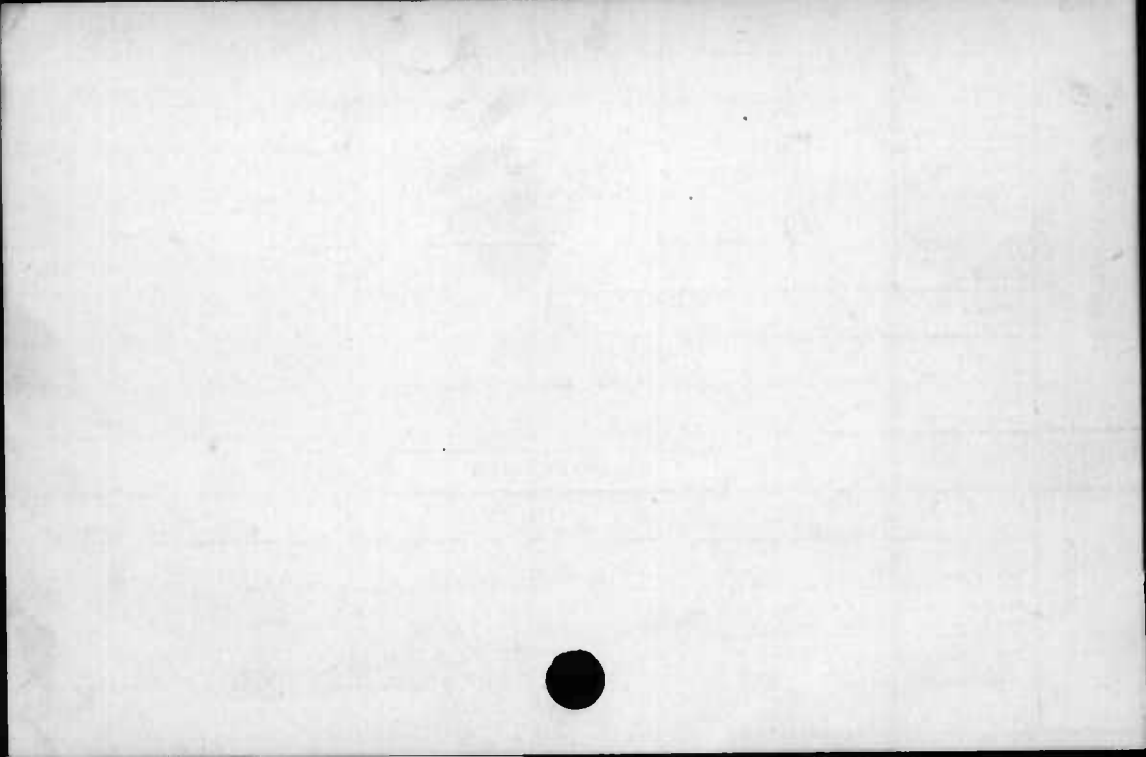
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagers town</i>		County <i>Washington</i>		MARYLAND	
Date of death	1904	Month 3	Day 29	Age	32	Months 1	Days 21
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>James P. Shely</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Margaret A. Hendricks</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information						How related to deceased	<i>(21)</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>one yr.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. E. Pitsenogle</i>
		Address	<i>Hagerstown Maryland</i>
Accident or Suicide?			



Name in Full		Hazel Arbutha Shingledecker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Highfield</i>		Town <i>Washington</i>		MARYLAND	
		Date of death <i>1906</i>		Month <i>3rd</i>		Day <i>5th</i>	
		Age <i>10</i>		Years <i>10</i>		Months <i>10</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Highfield</i>	
		Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Robert Shingledecker</i>				Father's Birthplace <i>I do not know</i>	
Mother's Maiden Name		<i>Ida Stull</i>				Mother's Birthplace <i>I do not know</i>	
Name of person giving information		<i>Alfred Nichols</i>				How related to deceased <i>No relation</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>I do not know as I was only called a few hours before death.</i>				How long	
		Immediate <i>convulsions</i>				How	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>C. L. Wachter</i>	
						Address <i>Sabillasville Md.</i>	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Hancock</i>		Town <i>Shiriso</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month	March	Day	12	Age	56
Sex	Female		Color or Race	White		Birth-place	Hancock Md.
Occupation	Wife		Where Residing If not at place of death		Died at Home		
Married, Single or Widowed	Married		Name of Wife or Husband		J Shiriso		
Father's Name	R Sweeney				Father's Birthplace		
Mother's Maiden Name	Ellen Sweeney (maiden name not known)				Mother's Birthplace		
Name of person giving information	J. A. Shiriso				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i> (27)	How long	<i>unknown</i>
Immediate	<i>Tuberculosis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. C. Tabler</i>
		Address	<i>Hancock, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

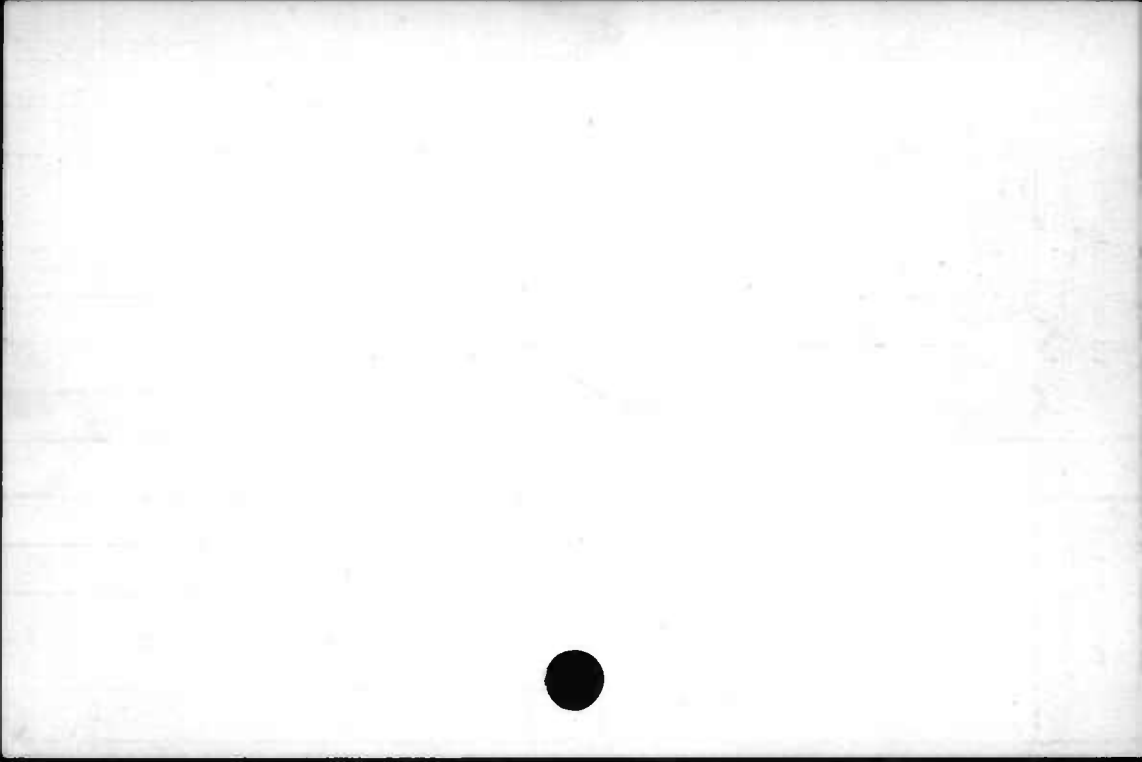
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph C Shivers</i>		Town <i>Hancock</i>		County <i>Wash</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>9</i>		Years <i>5-59</i>	
Date of death 190		Month <i>June</i>		Day <i>9</i>		Months <i>9</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>		Days <i>21</i>	
Married, Single or Widowed <i>Single</i>				Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Anna Shivers</i>							
Father's Name <i>- Jacob Shivers</i>				Father's Birthplace			
Mother's Maiden Name <i>- Mary Shivers</i>				Mother's Birthplace			
Name of person giving information <i>Harvey Shivers</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>		How long <i>(19)</i>	
Immediate <i>apoplexy</i>		How long <i>one year</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Steyer</i>	
		Address <i>Hancock, Md.</i>	
Accident or Suicide?			



Name
in
Full

Mulvina Shiers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Boanock ^{Town} Washington ^{County}

Date of death 1906 ^{Month} March ^{Day} 5 ^{Years} 65 ^{Months} 3 ^{Days} 21

Sex Female Color or Race White Birth-place _____

Occupation Wife Where Residing If not at place of death Died at Home

Married, Single or Widowed Married Name of Wife or Husband Dayton B. Shiers

Father's Name Bereshy Gunnels Father's Birthplace Penna.

Mother's Maiden Name Mary Rush Mother's Birthplace Md.

Name of person giving information Dayton B. Shiers How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rheumatism ^{How long} (47)

Immediate Rheumatism results ^{How long} _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician J. Edwards

Address Boanock Md.

Accident or Suicide? ☐



Name
in
Full

Martin L. Shreiner

CERTIFICATE OF DEATH

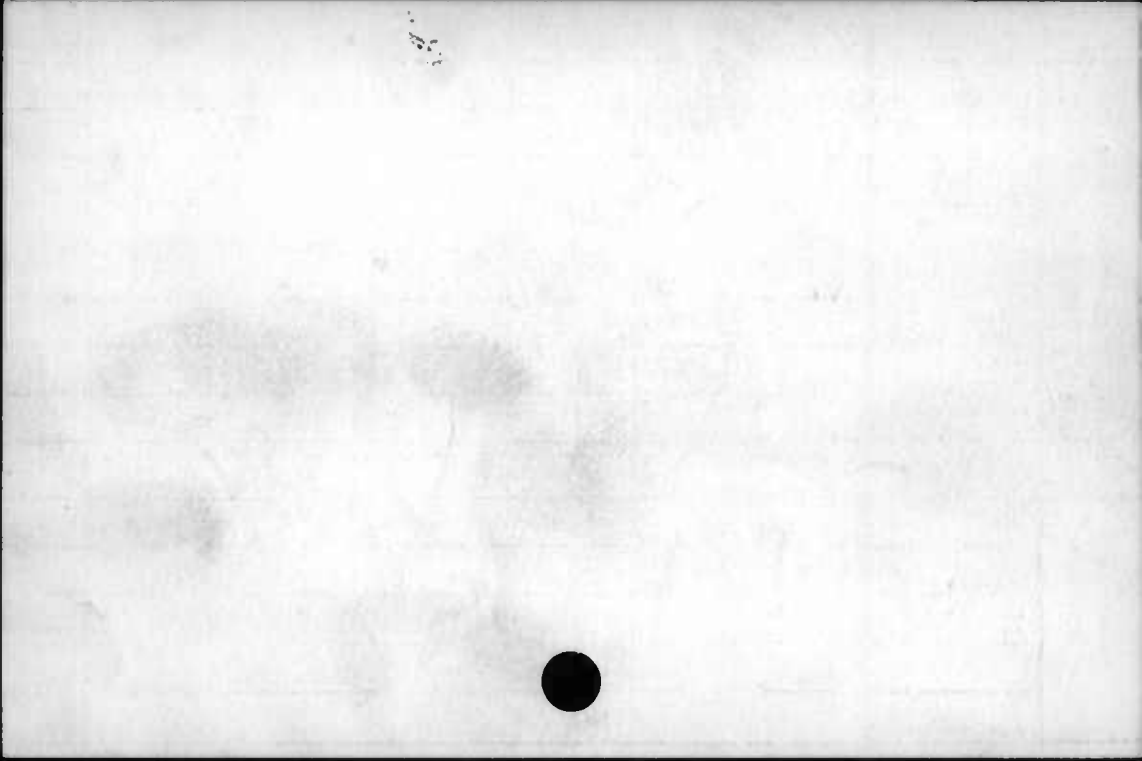
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>3</i>	Day <i>4</i>	Age <i>53</i>	Months <i>9</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Penna.</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Telegraph Lineman</i>				
Name of Wife <i>Emma L. Shreiner</i>			Father's Name <i>Charles Shreiner</i>		
Father's Name <i>Charles Shreiner</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Elizabeth Bobb</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mrs M. L. Shreiner</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Kill from fall pole 14 ft.</i>	How long <i>5 days</i>
Immediate <i>Hemorrhage in internal part</i>	How long <i>20 min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. P. Miller</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hayestown</i> ^{Town} <i>Washington</i> ^{County}		MARYLAND	
Date of death <i>190</i> ^{Month} <i>Mar.</i> - ^{Day} <i>28</i> ^{Years} <i>17</i>	Months		Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>md</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Asbury Steward</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Emilia Curtis</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Emilia Steward</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>7 days</i>
Immediate <i>Cardiac Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. M. Coagman</i>
<i>No</i>	Address <i>Hayestown, Md</i>
Accident or Suicide? <i>No</i>	

Halprou

Name
in
Full

Alfred. W. Stoffer

CERTIFICATE OF DEATH

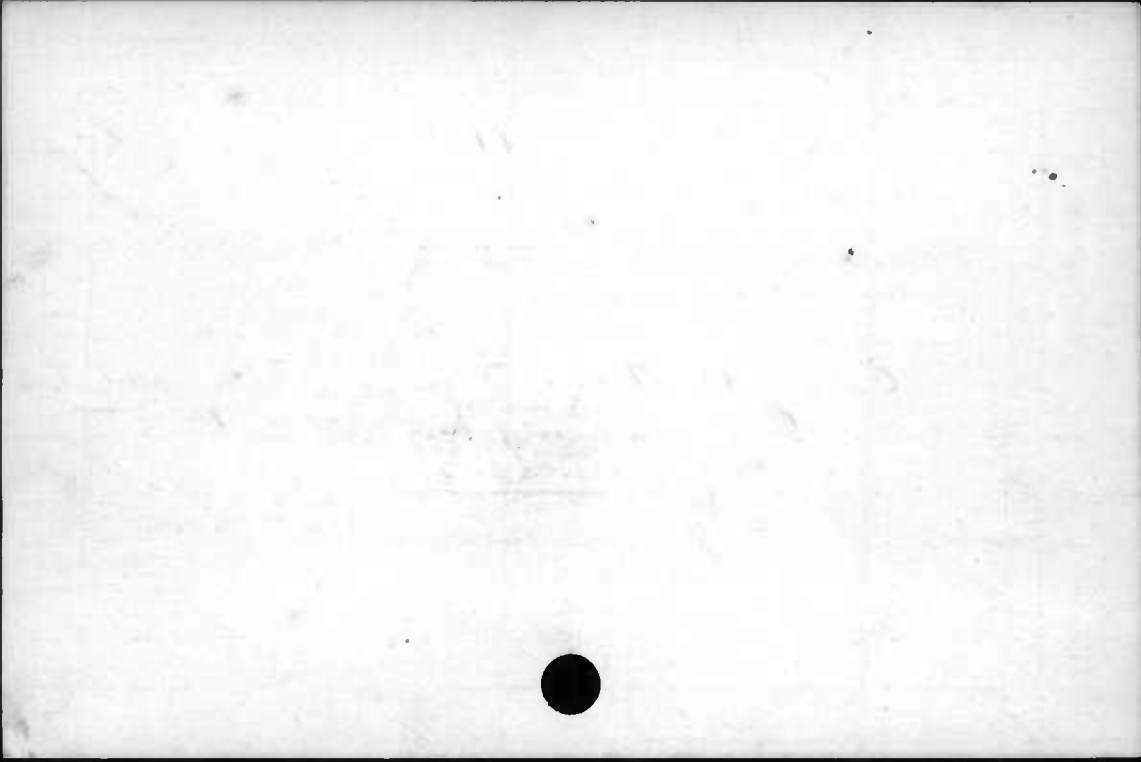
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frankston</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1906	Month	Mar	Day	29
Age		71		Months	28
Sex	Male	Color or Race	White	Birth-place	Frankston
Occupation	Farmer.		Where Residing if not at place of death Frankston		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Stoffer			Father's Birthplace	Frankston
Mother's Maiden Name	Elizabeth Doubt.			Mother's Birthplace	Friedrich Co
Name of person giving information	Jacob Stoffer			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	13 days
Immediate	General Exhaustion & Incontinence	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. G. N. Newmark	
		Address	
		Frankston, Md	
Accident or Suicide?			



Name
in
Full

Andrew Summers

CERTIFICATE OF DEATH

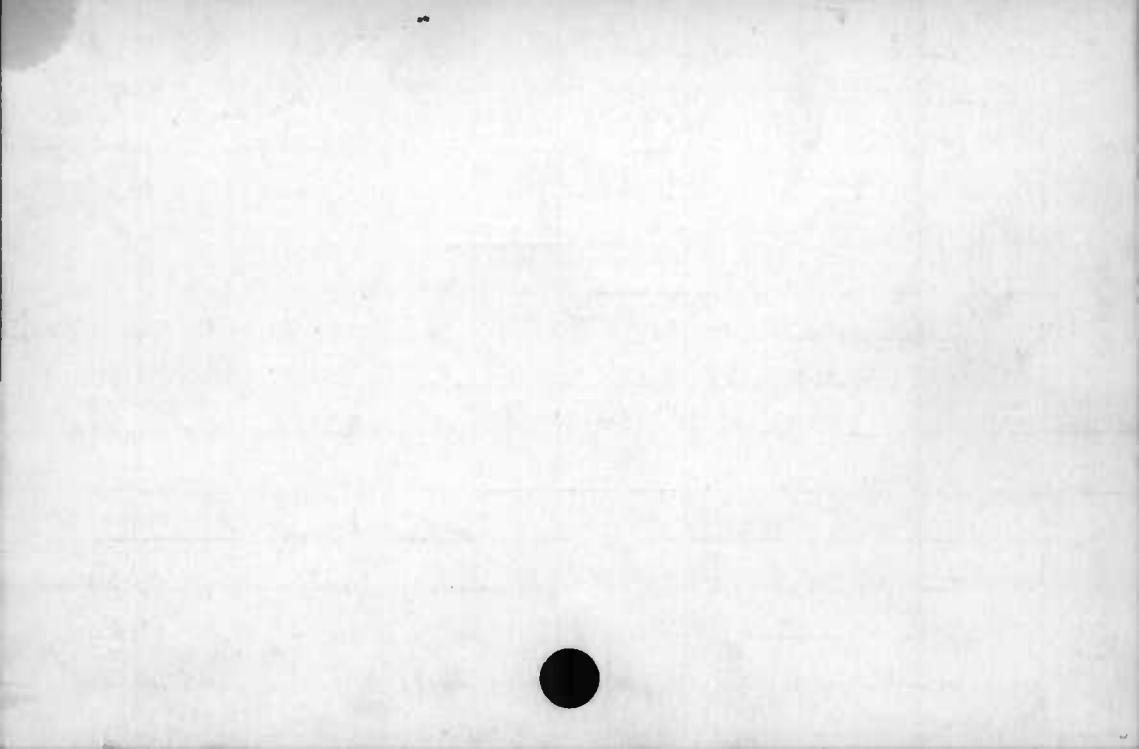
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>6</i>	Age <i>76</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clara Summers</i>				
Father's Name <i>Andrew Summers</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Sent Kinner</i>	Mother's Birthplace <i>Sent know</i>				
Name of person giving information <i>Henry J Stauffer</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility. Inanition</i>	How long <i>6 months.</i>
Immediate <i>Exhaustion</i>	How long <i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>M B Monson</i>
<i>no.</i>	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name
in
Full

Annie A Swartz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Wash County

MARYLAND

Date of death 1906 Month 3 Day 7 Age 52 Years Months Days

Sex female Color or Race white Birth-place Md.

Occupation housekeeper Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name John D Swartz Father's Birthplace Germany

Mother's Maiden Name Mary Spangler Mother's Birthplace Md.

Name of person giving information C. E. Swartz How related to deceased brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastroenteritis (104) How long sup months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm. H. Pagan

Address Hagerstown Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry S. Todd* Town *Hagerstown* County *Wash.* MARYLAND

Died at *Hagerstown* *Wash.*

Date of death 1906 Month *3* Day *13* Age Years *69* Months *—* Days *29*

Sex *male* Color or Race *white* Birth-place *Conn.*

Occupation *Stationary Engineer* Where Residing if not at place of death *—*

Married, Single or Widowed *widower* Name of Wife or Husband *Jennie B. Todd*

Father's Name *Not Known* Father's Birthplace *—*

Mother's Maiden Name *"* Mother's Birthplace *—*

Name of person giving information *Mrs Sallie Grim* How related to deceased *daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Injury to cervical spine* How long *3 days.*

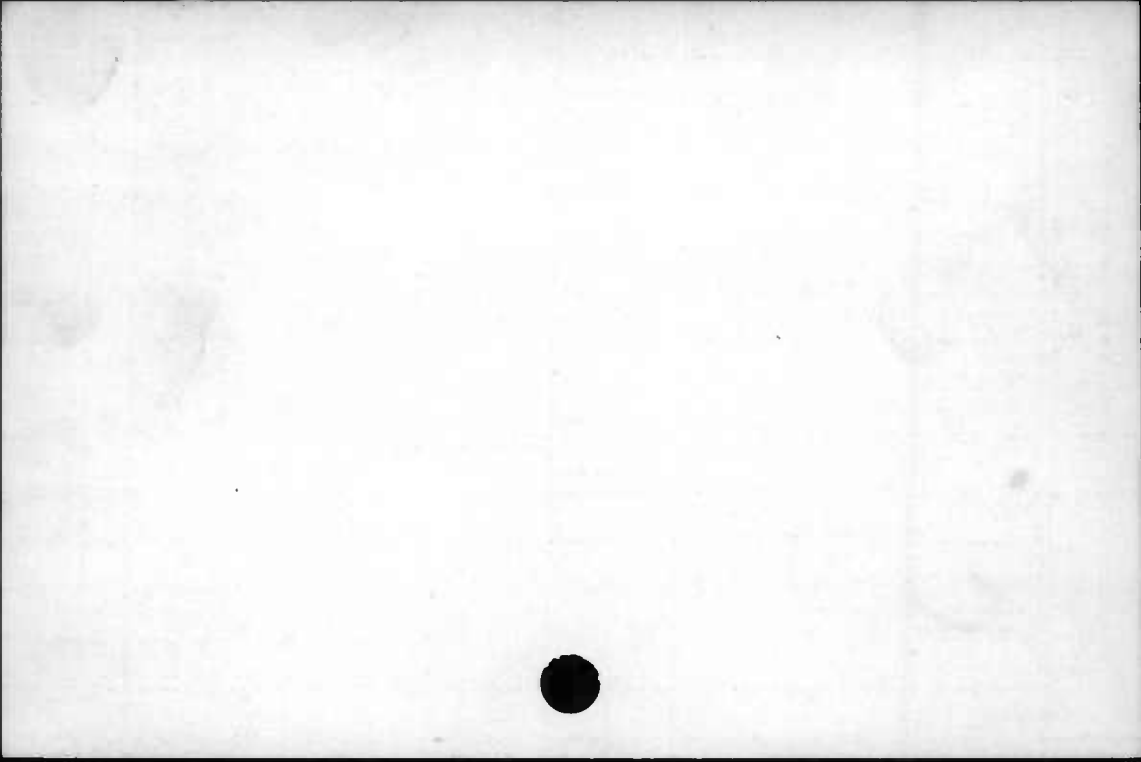
Immediate *Paralysis* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Victor Mueller*

Address *Hagerstown*

Accident or Suicide? *No.*



Name
in
Full

Elizabeth B. Uls

CERTIFICATE OF DEATH

Died at

Dummar

Town

Wash. Co

County

MARYLAND

Date

of death 1906

Month

Mar

Day

21

Age

Years

75

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Fred Co. Md.

Occupation

Domestic Home

Where Residing if not
at place of death

Wash. Co. Md.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John Uls

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Levi Baer

How related
to deceased

None

CAUSES OF DEATH

Primary

Cancer Stomach

How long

40 years

Immediate

Acute Inf. Stomach

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

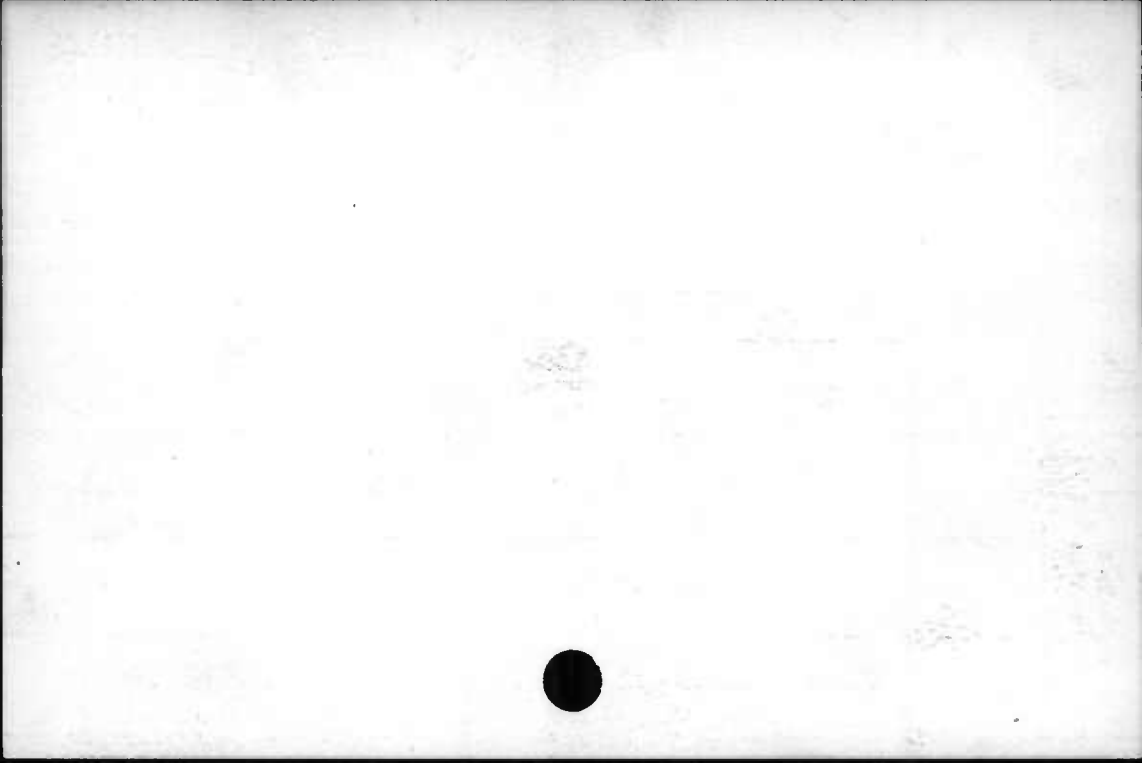
Dr. S. Davis

Address

Boonsboro

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Still Born

Meager

CERTIFICATE OF DEATH

MARYLAND

Died at Hogestown Town

Washington County

Date of death 1906

Month 3

Day 7

Age

Years

Months

Days

Sex Male

Color or Race White

Birth-place Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Albert Meager

Father's Birthplace Md

Mother's Maiden Name Annie M. Gurnard

Mother's Birthplace Pa

Name of person giving information Albert Meager

How related to deceased Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. P. Guman

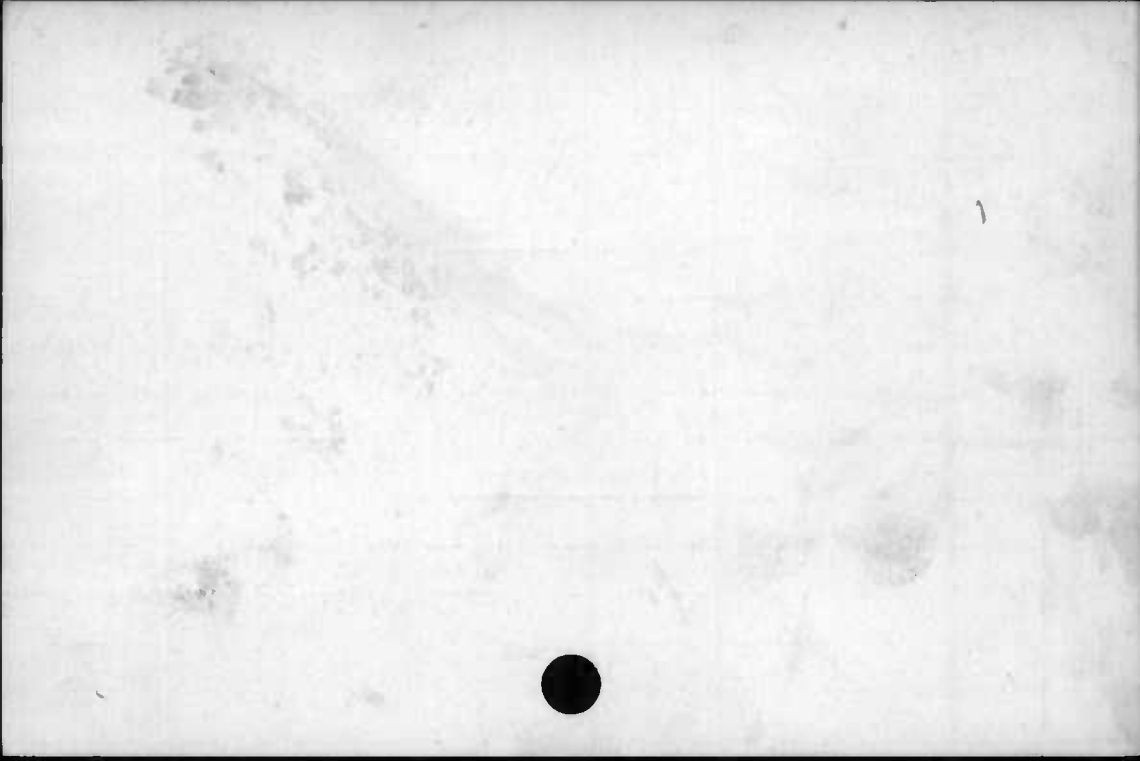
Address

Hogestown Md
Ind. St. R.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Katharine P. Zimmerman		Town Nauvoo		County Washington		State MARYLAND	
Died at Nauvoo		Month Mar		Day 16		Years 9	
Date of death 1906 Mar 16		Age 9		Months 9		Days 9	
Sex Female		Color or Race White		Birth-place Nauvoo Ind.			
Occupation 		Where Residing If not at place of death Died at Home					
Married, Single or Widowed 		Name of Wife or Husband 					
Father's Name Howard S. Zimmerman		Father's Birthplace Fulton Co Pa					
Mother's Maiden Name Nellie V. Hess		Mother's Birthplace " " "					
Name of person giving information Howard S. Zimmerman		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Erysipelas	How long (18)
Immediate 	How long 1 week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician P. E. Steiner
	Address Nauvoo Md.
Accident or Suicide?	

